



The Dominican Republic HIV/AIDS/STI Prevention Project

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Final Report

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List of Acronyms

ADOPLAFAM	Asociación Dominicana de Planificación Familiar, Inc.* (Dominican Association for Family Planning)
AED	Academy for Educational Development
ALA Dominicana	Apoyo al Anciano Dominicana* (Support for the Dominican Elderly)
ARV	Antiretroviral
ASA	Amigos Siempre Amigos* (Friends Always Friends)
ASAP	Asociación para la Promoción de la Salud Pública* (Association for the Promotion of Public Health)
CAREC	Caribbean Epidemiological Center
CASCO	Centro de Animación Socio-Cultural y Oreintacion* (Centro for Social/Cultural Mobilization)
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CEA	Consejo Estatal de Azúcar (State Sugar Council)
CEPAC	Centro de Educación para el Desarrollo Comunitario* (Center of Education for Community Development)
CEPROSH	Centro de Promoción y Solidaridad Humana* (Center for Advocacy and Human Solidarity)
CERSS	Comisión Ejecutiva para la Reforma del Sector Salud (Executive Commision for Health Sector Reform)
CESDEM	Centro de Estudios Demográficos (Center for Demographic Studies)
CIAC	Centro de Investigación y Apoyo Cultural* (Center for Research and Cultural Support)
CMS	Commercial Marketing Strategies (Centrally funded project)
CNSS	Consejo Nacional de Seguridad Social (National Council for Social Security)
COALICION- ONG SIDA	Coalición de ONG en Lucha Contra el SIDA en la R.D. * (Coalition of Nongovernmental Organizations in the Fight Against AIDS in the Dominican Republic)
COIN	Centro de Orientación e Investigación Integral, Inc. * (Center for Guidance and Integral Research)
COPRESIDA	Consejo Presidencial de Sida (Presidential Council for AIDS)
CSW	Commercial Sex Workers
DHS	Demographic Health Survey

DIGECITSS	Dirección General de Control de Infecciones de Transmisión Sexual y Sida (General Directorate for Sexually Transmitted Infections and AIDS Control)
DMS	Dirección Municipal de Salud (Municipal Health Directorate)
DPS	Dirección Provincial de Salud (Provincial Health Directorate)
ENDESA	Encuesta Demográfica de Salud (Demographic Survey of Health)
EOC	Essential Obstetric Care
FP	Family Planning
GODR	Government of the Dominican Republic
HSR	Health Sector Reform
IDAC	Instituto de Acción Comunitaria* (Institute of Community Action)
IDCP	Instituto Dermatológico y Cirugía de la Piel* (Institute of Dermatology and Surgery of the Skin)
IDDI	Instituto Dominicano de Desarrollo Integral, Inc. * (Dominican Institute of Integral Development)
IEC	Information, Education, and Communication
INAPA	Instituto Nacional de Agua Portable y Alcantarillados (National Potable Water Institute)
INSALUD	Instituto Nacional de la Salud* (National Institute of Health)
IR	Intermediate Result
JSI	John Snow Inc.
KAPB	Knowledge, Attitudes, Practices, and Behaviors
MOSCTHA	Movimiento Socio-cultural de Trabajadores Haitianos* (Social/cultural Mobilization of Haitian Workers)
MSM	Men having Sex with Men
MUDE	Mujeres en Desarrollo, Inc. * (Women In Development)
NGO	Non-Governmental Organization
ONAPLAN	Oficina Nacional de Planificación (National Office of Planning)
PAHO	Pan American Health Organization
PASO	Patronato de Solidaridad
PEN	Plan Estratégico Nacional (National Strategic Plan)
PLUS	Patronato de Lucha contra el SIDA
PLWHA	People Living with HIV/AIDS
PNCTB	Programa Nacional de Control de Tuberculosis (National Program of Tuberculosis Control)
PROFAMILIA	Asociación Dominicana Pro-Bienestar de la Familia* (Association for the Well-being of the Family)

PROPAS	Fundación Dominicana para la Promoción y Acción Social* (Dominican Foundation for Advocacy and Social Action)
REDOVIH+	Red Nacional de Personas Que Vivan con VIH* (National Network for People Living with HIV)
REDSALUD	USAID/DR Health Reform Project (Network for Health)
RFA	Request for Applications
SESPAS	Secretaría de Estado de Salud Pública y Asistencia Social (Ministry of Health)
SO	Strategic Objective
TA	Technical Assistance
TB	Tuberculosis
USAID	U.S. Agency for International Development

Introduction

This final report provides an overview of strategies, activities, and impacts of the Dominican Republic HIV/AIDS/STI Prevention Project: AcciónSIDA. The project was funded under a five-year cooperative agreement (CA #517-A-00-97-07103-00) from the U.S. Agency for International Development (USAID) and implemented by the Academy for Educational Development (AED).

Purpose of the Project

The AcciónSIDA project was designed to respond to the USAID/DR strategic framework as articulated in RFA # 517-97-001. This strategy focused on delivering impacts within the following five sub-result (sub-IR) areas identified under the USAID Intermediate Result strategy for Health, Population and Nutrition: (1) expand HIV/AIDS/STI information and services, (2) increase risk perception and health-seeking behaviors, (3) promote policy initiatives and advocacy to support HIV/AIDS/STI prevention and control activities, (4) develop community-based programs for people infected/affected by HIV/AIDS, and (5) improve availability and use of data.

AED relied upon this framework, its own consultations with key actors in the country, and its country and technical experience to design a multitiered project structure to address and impact USAID/DR Intermediate Result 2.1, “Increased risk perception of and access to HIV/AIDS/STI services.” This intermediate result was under the broader USAID Strategic Object 2 for Health, “Increased use of effective preventive health care services and practices.”

The proposed AcciónSIDA project focused upon capacity-building for the growing NGO sector working in HIV/AIDS, with close coordination with key public sector and donor agencies. The AcciónSIDA vision responded to the five sub-IRs by strengthening multisectoral and integrated efforts in prevention, care, and support; policy development; and advocacy. These efforts were reinforced through an aggressive IEC/mass media campaign designed around data from existing and new studies, evaluations, and an intensive participatory design process.

On July 1, 1997, USAID/DR awarded a cooperative agreement valued at US\$9,278,210 to the Academy for Educational Development to implement the five-year proposed project, AcciónSIDA. On August 3, 1997, AED sent its start-up team, including the project director and key AED representatives from the Washington office, to begin project implementation. A functioning physical location was established on September 1, 1997, for the project, at which time the majority of key staff was in place and beginning an accelerated situation assessment and terrain-scan exercise. The results of the assessment and terrain scan were used to produce a first published set of criteria and announcement for the NGO Grants Program by October 1, and initial NGO funding was set in place by January 1998.

Organization of This Report

This final report is structured as follows:

Chapter I provides an overview of the general project approach and a summary of key activities implemented within five primary domains: (1) expansion of HIV/AIDS/STI information and services, (2) increase in perception of risk and health-seeking behavior among target populations, (3) promotion of policy initiatives and advocacy to support HIV/AIDS/STI prevention and control activities, (4) development of community-based programs for people infected/affected by HIV/AIDS, and (5) improved availability and use of data.

Chapter II provides a summary of key strategies employed by the project within the following three areas of crosscutting resource investment: Information, Education, and Communications (IEC); Policy; and Technical Assistance.

Chapters III through X provide descriptions of the strategies used and results obtained with each of the eight target populations that AcciónSIDA focused on through its NGO Grants Program and other support activities. Quantitative and qualitative results are highlighted at the end of each chapter for the respective target population addressed. In addition to highlights of KAPB results provided in these chapters, readers are advised that full detailed reports of pre- and post-project KAPB results have been previously filed as a formal deliverable under this cooperative agreement with USAID.

Chapter XI describes and provides a summary of the process utilized and activities supported under AcciónSIDA's Rapid Response Funding program.

Chapter XII offers general conclusions and recommendations that integrate the collective lessons learned in five areas: HIV/AIDS services, IEC and training, strategic alliances, social mobilization and networking, and policy.

The main body of the report is followed by a section of appendices that include the *Catálogo de Publicaciones* of many IEC materials developed through AcciónSIDA, summaries of training and grants provided through the project, and other resources for further information.

Profiles for each of the NGOs related to specific target populations and key areas of activities are provided in Chapters III through X. For more detailed information on the NGOs funded during the AcciónSIDA project, readers can refer to the NGO Grants Table annexed to this report (Annex 1). The table summarizes all grants provided during the AcciónSIDA project, with information on target population, region addressed, program activities, program beneficiaries, funding period covered, and grant amount.

CHAPTER I

General Project Strategy

The Intermediate Result for HIV/AIDS/STI

The AcciónSIDA design emphasized a focus on serving as a catalyst and facilitator of local responses and interventions. The proposed focus was a deliberative shift away from past approaches, which had placed substantial resources and energy into the direct implementation of country activities by USAID implementing partners. Instead, AcciónSIDA strove to establish direct technical assistance relationships with existing local resources (NGOs, public sector agencies, and local technical experts) to build the capacity and sustainability of program implementation within existing structures. From the beginning, a premium was placed upon making the maximum use of local technical resources wherever possible, complemented by international expertise when needed or warranted. Similarly, participant training activities placed an emphasis on maximizing local resource development through country-based training activities with the benefit of imported training expertise when needed.

To prepare for project implementation, AcciónSIDA initiated a broad consultation process to examine and choose priority program investments to achieve the results in the RFA. Consultations with representatives from key institutional partners in donor, NGO, and collaborating agency networks were used to design the criteria for the first NGO grant announcement, as well as to lay out initial technical assistance plans. This process was key to establishing a collaborative rapport between the project and key partners, which would continue throughout the life of the project. This process later evolved into a more formalized series of thematic work groups known as ConcertAcción, under the umbrella of the National Institute of Health (INSALUD), which developed specific policy themes for discussion and action. The process proved to be a fruitful one, generating a wide range of policy-level successes including the creation of a generic antiretroviral (ARV) pharmaceutical production capacity, the dramatic reduction of the cost of imported ARV medicines, the adoption of a formal sex education curriculum in public schools, and the support and creation of the Presidential Council for HIV/AIDS (COPRESIDA).

Similar collaborative processes were key to the development and dissemination of a wide variety of new IEC materials, national media campaigns, and other innovative behavior change interventions such as the National HIV/AIDS Song Contest, use of commercial television programming for HIV/AIDS awareness and information, and production of a short dramatic film on HIV/AIDS issues for broadcast television.

Key Activity Areas

The strategies of providing support and technical assistance to local NGOs, facilitating crosscutting theme groups to address policy needs, and developing and disseminating IEC materials were all utilized to produce impacts within five interrelated key activity areas described below, under the USAID/DR 1992-2002 Intermediate Result Framework as reviewed in the introduction to this report.

Activity Area 1: Expand HIV/AIDS/STI Information and Services

The project integrated technical assistance (TA)/training and NGO grant mechanisms to engage a broad pool of NGOs in the provision of information and services related to HIV/AIDS/STI. AcciónSIDA conducted an in-depth survey of NGO technical needs, which helped establish priorities for training and intervention activities to be supported by the project, placing a premium on institutional collaboration and building upon existing resources and capabilities. NGO grant recipients were required to demonstrate that they would address the behavioral and other technical goals agreed upon and that their program plans included articulation of a logic model consistent with the known state of the art for these interventions. The activities funded included peer outreach, condom promotion, in-school education, teacher training, counselor training, integration of HIV/STI treatment and prevention into existing family planning services, and integration of condom promotion and skills building into ongoing STI services. Newly funded NGO-based areas of activity included significant advances in the use of media to expand public awareness and understanding of the complex issues surrounding HIV/AIDS. The project's inputs on donor coordination, policy facilitation, and monitoring and evaluation played critical roles in strengthening the NGOs' abilities to improve, expand, and sustain their programs.

A key strategy utilized within this area of activity was to ensure that mass media, print media, educational efforts, and service programs were coordinated, so that each one reinforced the efforts of the others. Print materials were developed to expand and reinforce mass media messages, as well as to provide the technical depth necessary to promote appropriate behaviors, information about services, and guidelines about service use.

Activity Area 2: Increase Risk Perception and Health-Seeking Behavior

The call for proposals issued by USAID based its criteria on a review of the literature and existing data from the Dominican Republic to identify the most likely determinants (such as risk perception, partner type, and knowledge level of HIV/AIDS/STIs) of safer behaviors. To respond to this challenge, AcciónSIDA combined the direct funding of NGO activities through a grant mechanism with the development of targeted IEC tools and training inputs. The national media campaigns supported and reinforced the work of the population-focused interventions through the NGOs. The selected NGO grants provided funding for field-level activities aimed at changing key behaviors identified to prevent new HIV infections. Grants supported population-based or policy activities focusing on key desired behavior changes, policy, and normative changes that support behavior change, as well as information dissemination. All of the project's activities—including communication activities, integration

with family planning, policy change initiatives, and service delivery—were linked to achieving one or more key behavior changes identified by the project partners. In many cases, several grantee organizations were able to use IEC tools from other sources, or to share tools and materials with common purposes for more efficient resource deployment.

Activity Area 3: Promote of Policy Initiatives and Advocacy to Support HIV/AIDS/STI Prevention and Control Activities

This activity area was achieved through a combination of TA for advocacy activities, direct support for policy deliberation processes; training in the use of data to set an agenda and to persuade; setting of an advocacy agenda (through the AcciónSIDA thematic groups); and specific activities to change, introduce, or implement policies. AcciónSIDA also played a key role by convening donors to assure that other resources and policy actors were integrated into the ongoing process. AcciónSIDA engaged NGOs and other key partners through several mechanisms to promote an ongoing policy dialogue on key themes identified through a broad participatory process.

Six thematic groups were identified and developed during the life of the project:

1. HIV and the Tourist Sector
2. Sex Education in the Public Schools
3. National Condom Policy
4. HIV/AIDS in the Workplace
5. HIV/AIDS in the Bateye (Sugarcane Cutting) Communities
6. Increased Access to HIV/AIDS Treatment Options

These thematic groups complemented other collaborative efforts focusing on other sectors and issues (such as the HIV and the Armed Forces work group, HIV and Health Reform, Mother to Child Transmission work group, and others). Both the National Institute of Health (INSALUD) and the National NGO AIDS Coalition played key roles in this strategy, along with the Directorate for STI and AIDS Control (DIGESITSS), the President's Council on HIV/AIDS (COPRESIDA), the Department of Education, the Department of Labor, and other public agencies. A combination of NGO, and public and private sector participants were active in these groups, and were able to generate tangible positive policy changes that are discussed within *Target Audience* Chapters III through X.

Activity Area 4: Develop Community-Based Programs for People Infected/Affected by HIV/AIDS

Groundbreaking activities were begun in this area under the AcciónSIDA project, implemented by model public/private partnerships between NGOs, public hospitals, and private businesses. The national network REDOVIIH+ was able to launch initial support and service networks in seven provinces, while at the same time playing a key role in the national policy arena on human rights, access to treatment, and general public awareness issues related to living with HIV. The model CLARA Project in Puerto Plata serves to show what true public/private integration can be achieved in a resource-challenged environment, as it was able

to rapidly expand support and service networks (of NGO and public and private sector providers) in an area that had none before.

Activity Area 5: Improve Availability and Use of Data

While AcciónSIDA did not have a research component in its design, the project supported this area of activity in several ways:

- Technical assistance and training provided to grantee organizations helped identify needs for improvements in both surveillance of the epidemic and in measuring achievements of the project (and specifically of the NGO grant activities);
- Results of new studies from other sources were integrated into relevant project networks (such as sex worker, youth, Bateye population, and HIV+ networks) as they became available;
- Application of the Behavior Change Model (Cadena de Cambios) in each project intervention ensured that feedback and insights from the focus group process were integrated into project designs;
- An overall project monitoring system assured that each project had access to timely information about its own activities;
- New information was disseminated and replicated as it was made available, either directly or through the NGO project networks.

CHAPTER II

Primary Areas of Crosscutting Resource Investment by AcciónSIDA

AcciónSIDA focused its support on eight target audiences, as discussed in Chapters III through X: adolescents and youth, Bateye youth, sex workers, men having sex with men (MSM), rural women, hotel workers, industrial workers, and people living with HIV/AIDS (PLWHA). To reach these audiences, AcciónSIDA developed and supported strategies in three crosscutting areas, which are described in this chapter: (1) mass media and IEC development; (2) promotion of a supportive policy environment; and (3) organizational development, technical assistance, and training.

Mass Media and IEC Development

AcciónSIDA achieved the proposed behavior change goals iterated within the AED proposal for program implementation through several mechanisms by using a wide variety of communications tools. IEC activities were implemented in crosscutting and integrated strategies that sought to maximize the degree of participation and coordination between the NGOs and the public and private sector partners working in HIV/AIDS. An overview of the approach utilized for development and dissemination of IEC materials is provided below. In total, 121 new IEC materials were produced under AcciónSIDA. A comprehensive catalogue of IEC materials (*Catálogo de Publicaciones 1997-2002*) produced under the five-year AcciónSIDA project is included as an appendix of this report. Detailed information regarding the types of information produced and quantities distributed are provided within *Target Audience* Chapters III through X.

The following strategies were used in the development and dissemination of IEC materials:

- **Assets and Gaps Assessment:** Each NGO grantee and related collaborating organizations was included in a needs assessment at the beginning of each project that identified existing IEC materials and tools, as well as missing ones in need of development. This information was used to formulate an IEC plan for each project, taking into account other organizations working with similar populations or materials.
- **Expansion and Replication of Existing Tools:** AcciónSIDA staff reviewed materials designed previously under other projects to identify suitable materials for reproduction and dissemination. This activity was done to make maximum use of existing resources, which may not have been utilized to their full potential due to resource limitations of previous pilot-funded activities.
- **Identifying Networks for Sharing IEC Resources:** Natural affinities by population were identified to maximize the pooling of resources and lower the costs of printing. AcciónSIDA produced large volumes of materials for dissemination across these

population-focused networks (e.g., youth, Bateyes, sex workers, and HIV+ communities) in order to assure uniform quality and to take advantage of the economies of scale inherent in large-scale printing. These networks were also directly involved in the development, review, and validation of new materials, and were useful for identifying a wide range of focus group participants across the country.

- **Mass Media Campaign:** AcciónSIDA provided direct technical assistance and development assistance to the National HIV/AIDS Program (PROCETS) during its implementation (1998-2000) of the European Union-funded National Mass Media Campaign, and then assumed direct funding and development responsibility for the subsequent national campaign (2001-2003). Development of these campaigns included the active engagement of key NGO, youth, public agency, and expert representatives who participated in the selection of strategies, themes, slogans, and final creative ideas for the campaigns, as well as in the testing and validation process. AcciónSIDA negotiated approximately US\$4.5Million in donated media time from television and radio broadcasters during its award-winning “A Ti Te Puede Tocar” (“It could happen to you”) campaign that aired during 2002. This campaign was launched in four phases, with radio and television spots focusing on demystifying condoms and on parent-child communication. These spots were reinforced with a series of highway and bus billboards, stickers, posters, tee-shirts, and hats that carried the slogan and variations on the artwork, as well as more detailed information through brochures and training modules that were used by the NGOs in their population outreach activities.

Promotion of a Supportive HIV/AIDS Policy Environment

AcciónSIDA implemented the policy component of the project through several related and complementary strategies. The strategies focused on a series of specific policy challenges, and sought to increase the capacity of local civil society and public sector agencies to be effective actors in the HIV/AIDS policy arena. Primary partners with whom AcciónSIDA worked to impact the policy environment included INSALUD, the Coalition of AIDS NGOs, and COPRESIDA

From the beginning of the project, AcciónSIDA staff identified INSALUD and the Coalition as two key vehicles for identifying and promoting positive policy changes in the local environment. These two organizations maintained a general definition of roles and division of duties that ensured the most effective use of resources. The respective roles established supported a broader convening role for INSALUD, while the Coalition managed a more aggressive activist role. Further on in the implementation of the AcciónSIDA project, with the establishment of a new national government in August 2000, COPRESIDA was established as the President’s Council to Fight HIV/AIDS. The following sections provide an overview of the key activities supported via AcciónSIDA with each of these three organizations.

INSALUD

The National Institute of Health (INSALUD) plays a key role in the Dominican Republic as a broad-spectrum and mainstream health sector membership organization that has the ability to convene multisectoral discussions. Recognizing INSALUD's convening role, AcciónSIDA contracted it to provide technical and logistical leadership for facilitation of the ConcertAcción process, which consisted of a series of working thematic groups aimed at defining and advancing specific policy recommendations. Areas of focus for the thematic groups were identified based on where multisectoral strategies might be most effective in impacting policy and included broad representation of experts and agency officials related to each topic. Thematic groups focused in the following areas: Tourism, Condom Policy, HIV/AIDS in the workplace, Bateye Communities, and Sexual Education.

In 1999, with the implementation of a broad-based effort to design a National Strategic Plan (PEN) for HIV/AIDS, the thematic groups supported by INSALUD became more formalized. Sectoral plans were developed for several of these groups during this time, and formed the basis for specific recommendations in the PEN. Key activities and impacts under each of the thematic groups are described below, however, as many of these thematic groups directly correspond to target audiences worked with under AcciónSIDA, additional policy activities are also described in the *Target Audience* Chapters III through X.

1. **Adolescents and Sex Education:** This committee produced a sex education program entitled "Effective Sexual Education Program," along with a curriculum guide for middle school students, which was submitted and accompanied by discussions regarding sex education. INSALUD staff continued to be the driving technical force behind the working committee of the Secretary of Education, which oversaw the development and promotion of this curriculum. This initiative gained further momentum with the creation of COPRESIDA (discussed below), and the transfer of the INSALUD project coordinator (Jaime de la Rosa) to COPRESIDA when he assumed the role of technical coordinator. From that position, the Secretary of Education was given official support to formally adopt and implement this program. This curriculum was adopted for the 2001–2002 school year, with a rollout of training activities implemented by the Secretary of Education for targeted teachers across the country.
2. **AIDS and Human Rights:** This committee achieved virtually all of its objectives, successfully managing two support centers for HIV+ individuals to provide both legal and emotional assistance, implementing a mass media campaign promoting human rights for HIV+ individuals, and forming the Human Rights Defense Committee. The committee emphasized treatment norms for patients living with HIV, which are currently under official review for adoption as national norms for the public health system.
3. **Condom Policy:** The principal accomplishment of this thematic group was the development of the National Condom Policy Committee as an ongoing official channel (under COPRESIDA after it was created) for pursuing solutions to condom access and distribution. INSALUD convened participants from NGO and public sector leadership to define an integrated and coordinated strategy for improving condom access and

distribution on a national scale. The working committee was able to define several key policy goals that were adopted into the National Strategic Plan (PEN). These included enforcement of the customs exoneration for condoms as public health commodities, articulation of the government responsibility to procure and make condoms available through its public health programs, and validation of condom promotion as a key strategy to control HIV/AIDS infections. The enforcement of existing customs tariff exonerations for medical supplies such as condoms was highlighted as a low-cost and effective strategy to stimulate commercial and NGO-based condom distribution efforts.

4. **Bateye Communities:** While AcciónSIDA's mandate for the Bateye initiative was limited to HIV/AIDS prevention, the working group formed by the key NGOs and Ministry of Health (SESPAS) representatives quickly defined a comprehensive framework for approaching this one aspect of the economically devastated communities. Massive disinvestment in traditional sugarcane production areas (as privatization eliminated close to half of the sugar production) had aggravated the already "untouchable" caste economic and health conditions in these communities. The Bateye thematic group produced an operational plan for Bateye community transition and HIV/AIDS issues, which has since had elements incorporated into the National Strategic Plan (PEN). This effort lessened as other agencies took up the Bateye issue more vigorously, thanks in part to a comprehensive health assessment supported by USAID/DR in 2000.
5. **HIV in the Workplace:** This working group maintained an ongoing agenda hosted by the Secretary of Labor's (SOL) Workplace Safety and Health office, and facilitated by INSALUD. General principles and opportunities were defined during this period, with the participation of veteran NGOs (COIN and CEPROSH) that have implemented workplace programs. The group enjoyed active support during the Leonel Fernandez administration, but lost its SOL counterpart leadership and momentum with the change of administration. These efforts provided a solid base for the subsequent initiative of the U.S. Department of Labor-supported Trabajo Vivo project (implemented by AED), which carries on this agenda as a separately funded effort to promote business leadership in the development of workplace HIV programs.

Coalition of AIDS NGOs

By virtue of its more focused HIV/AIDS membership agenda, the Coalition served as a critical advocacy force in national policy discussions, directly representing the needs of the target populations served by the project.

In serving as the principal representatives of the NGOs involved in the fight against HIV/AIDS, the Coalition of AIDS NGOs faced a variety of challenges in the following areas:

- Providing follow-up in the development of public policy issues and addressing the lack of continuity after implementing various political actions;
- Facilitating dialogue about health sector reform among members of civil society;
- Strengthening the relationship between the state and civil society as partners in the fight against HIV/AIDS;

- Creating indicators for the monitoring and evaluation of the National Strategic Plan;
- Facilitating access to funds provided by the World Bank to members of NGOs;
- Revising and finalizing the proposal submitted to the Global Fund for the fight against AIDS;
- Promoting efforts to design a combined strategy for HIV/AIDS prevention and treatment, addressing the needs of both Haiti and the Dominican Republic.

The two principal objectives proposed by the Coalition in its 1997 proposal to AcciónSIDA included: (1) support for the implementation of a National Strategic Plan for HIV/AIDS prevention and (2) strengthening the Coalition's (and NGO members') institutional capacity.

Partnerships formed with international agencies, as well as the organization of a multisectoral convention for HIV/AIDS prevention in the workplace, aimed to involve a diverse group of players in the implementation of the National Strategic Plan. It is important to note that the partnerships formed between Haitian and Dominican NGOs in the fight against HIV/AIDS have allowed for a permanent presence and collaboration between the two countries.

The Coalition began its process of institutional development by providing assistance to NGO member committees and work teams, constructing a Web page, and producing various bulletins and informative pamphlets. In addition, its presence in the mass media and establishment of norms and procedures within the organization served to strengthen the institution as a whole.

The Coalition also played an important role in promoting the inclusion of HIV/AIDS in the Social Security Law in the Dominican Republic. Analysis regarding the law's regulations, with emphasis on the Basic Health Plan, along with the combined effort to document the process, contributed to the eventual inclusion of HIV in the general package.

The Coalition supported REDOVIIH+'s effort to hold the government responsible for assuring the distribution of, and access to, essential ARV medications.

Coalition accomplishments supported by AcciónSIDA included the following:

- Production and distribution of a policy-focused newsletter sent to decision-makers and an awareness/mobilization-focused newsletter for Coalition members;
- Participation by the Coalition in the formulation of HIV/AIDS public policy and decision-making through COPRESIDA, in the press, and in public meetings;
- Identification and recognition of Haiti as a priority in the implementation of island-wide focused interventions;
- Establishment of agreements and inter-institutional alliances to increase resources available for the fight against HIV/AIDS. Agencies involved included INFOTEP, the State Secretary of Employment, COPRESIDA, and the Trabajo Vivo project;
- Support for the development of two sequential proposals to the Global Fund;
- Expansion of Coalition membership beyond NGOs that work in HIV/AIDS, involving NGOs working in other relevant areas;

- Legal accreditation of the Coalition by the Council of Non-Profit Organizations, the GODR mechanism for certifying non-profit organizations for direct funding;
- Strengthening the role that Coalition and its member NGOs play in decision-making forums.

COPRESIDA

The establishment of a new national government in August 2000 brought an important new initiative with the creation of COPRESIDA, the Presidential Commission to Fight HIV/AIDS. The commission's principal objective was to analyze the current AIDS situation within the Dominican Republic. As part of the recommendations from this initial study, COPRESIDA evolved to become a permanent President's council and replaced the National AIDS Council (CONASIDA). This was a significant development that improved the country's ability to address HIV/AIDS in a coordinated manner, as CONASIDA had been all but dormant since its beginnings in 1988.

The new presidential decree gave COPRESIDA direct access to the President's office, and explicit mandates to oversee other ministries as they implemented their new mandates to develop individual strategic plans to respond to HIV/AIDS. Additionally, the PEN was adopted formally as the blueprint for future HIV interventions, putting an emphasis on the development of multidisciplinary and multisectoral strategies, reaching beyond the more traditional public health-dominated efforts of previous years.

AcciónSIDA supported COPRESIDA's development from its initial incarnation as a short-term commission, through direct support of its activities and development of its infrastructure, and through the loan of key human resources in its first year.

In summary, the IEC efforts to support policy initiatives included:

Type of Material	# Produced	# Distributed
Information Sheets	1	2,500
Summary of Scientific Content	1	500
Memory Book	1	2,500
Newsletter: "DeSIDAmos Juntos" (We Decide Together)	2	400
Informative Letter	2	600

A few of the policy successes achieved during the AcciónSIDA project include:

- **Human Rights for Persons Living with AIDS:** While provided for in the 55-93 AIDS Law, there has been poor recognition and enforcement of basic rights such as the right to health services, employment, and the ban on mandatory blood testing. Specific recommendations for enforcing this law will be supported through the coordinated efforts of REDOVIIH+, Project CLARA, PREVIHSA (Proyecto de Education VIH y SIDA) and other players. These will take the form of formal service provider

agreements with hospital and clinic facilities and other institutional agreements in the private sector.

- **100% Condom Policy:** Developed jointly with the COIN and CEPROSH Avancemos projects, with support from the Horizons Project, the 100% Condom Policy includes formal working agreements with public health (SESPAS) inspectors and clinics, as well as formal policy adoption by participating business owners.
- **The National Youth Law:** Developed with the participation of the National Youth Network and participating NGOs, the law includes specific language about the health needs and responsibilities for youth, including HIV/AIDS and reproductive health. The formal adoption of this law will be a major step towards implementing an integral “youth friendly” set of laws nationally.

Organizational Development, Technical Assistance, and Training

A key area of activity under the AcciónSIDA Technical Assistance (TA) plan was the support of organizational development among local NGOs. This component was designed to build upon the previous 10 years of institutional growth among the original NGOs working in the field of HIV/AIDS, while also assisting organizations that had formed more recently. Each NGO grantee supported under the AcciónSIDA project was assessed for its level of organizational development, and a technical assistance plan was then created based on that assessment. In addition to individualized TA plans, all grantees were included in a series of more general organizational development trainings and workshops, to provide a common framework for the individual technical assistance.

By the end of the project, all participating NGOs had completed a strategic planning process; created their own governance rules and regulations; written personnel manuals with job descriptions; and participated in trainings on board development, sustainability, administration, and governance. This technical assistance was led by AcciónSIDA’s organizational development consultant and supplemented through services procured from ALEPH, S.A. In addition, during the 2002 calendar year, ALEPH completed an external analysis of the NGOs funded to document best practices and lessons learned. This report has been attached as Annex 3.

The primary objectives for the technical assistance provided were as follows:

- To make a sustained contribution to the organizational growth of the NGOs;
- To reinforce and develop the institutional strategic planning system and their operation and follow-up mechanisms;
- To develop the managing capability of the directors and those in charge of functional areas of the NGOs;
- To reinforce the training skills and abilities of NGO technical staff to facilitate and develop programs and educational strategies for the prevention of HIV/AIDS.

Towards these ends, and taking into account the individual needs and requirements of each of the NGOs involved, the strategies were developed and implemented in the areas of strategic planning; monitoring, evaluation, and feedback; and participant training.

Strategic Planning

Individual technical assistance was given to each NGO to assist with the design, preparation, and implementation of organizational strategic plans, which included vision and mission statements, the articulation of institutional values, and long-range goals.

Based on the outcome of the strategic planning process, a framework for institutional growth was developed, taking into account the stage of development of each institution. This framework included the desired results/products for each goal, corresponding indicators, designated staff responsibilities, and resources required. This then formed the basis for the definition and preparation of the operating plans for each institution.

The following steps were included in the strategic planning process:

1. **Revision and adaptation of the organizational structure to meet the needs of the newly developed strategic plan:** Based on a review of the strategic plan and the basic strategies identified within it, organization structures, procedures, and work functions were analyzed and refined to assure success in implementation of the strategic plan.
2. **Preparation of position description manuals:** This included the establishment of job categories and titles, codes, purpose, flowchart, strategic functions, recruitment requirements, and performance standards.
3. **Preparation of policy and procedure manuals:** For the preparation of policy and procedure manuals, a work procedure survey was performed in order to clearly identify established procedures. Policies included defining key responsibilities and lines of accountability.
4. **Internal personnel regulations manual:** Based on previously established guidelines issued by the NGOs, when possible, this process defined the practices and regulations that should be documented and standardized, with special attention paid to valid labor laws and regulations of Dominican labor legislation.

Monitoring, Evaluation, and Feedback

Monitoring, evaluation, and feedback on organizational development and program implementation were also an important component. The overall purposes of the monitoring system of AcciónSIDA were to ensure the:

- Quality and efficiency of the interventions;
- Proper use of the project resources and compliance with administrative policies and programmatic guidelines;

- Identification of challenges and definition of appropriate technical assistance needs;
- Identification of new opportunities to increase the impact of those interventions.

Monitoring took place through periodic field visits, review of documents or products delivered by the NGOs, and review meetings with NGO project staff regarding the progress and achievements of each project, as described below.

Field Visits

Field visits were planned on a monthly basis, based on the task schedule presented by the NGOs. From these, a sample to visit was selected, taking into account different criteria such as:

- Tasks to be performed for the very first time;
- Tasks in which needs or weaknesses had been previously detected, and for which recommendations were made for their improvement (follow-up monitoring);
- Activities with new target audiences, strategies, methodologies, or geographical areas;
- Tasks to be performed by new personnel of the project.

A monthly monitoring plan was developed with each of the NGOs. The AcciónSIDA monitoring team accompanied a selection of field activities and worked with technical staff directly to review progress during the course of each month. Work plans were adjusted for delay factors and new opportunities that might affect the original timeline for the proposed projects.

Each monitor prepared a report with remarks and recommendations, which was shared with the corresponding NGOs. This report served as feedback for the NGOs to take the necessary corrective actions and as the basis by which technical assistance needs were determined. In addition, the report was utilized as a tool to assist both NGO and AcciónSIDA staff to plan for future follow-up and monitoring tasks. The NGO Monitoring team would share this information with the Technical Assistance team as a regular feedback mechanism to plan TA and training activities. Feedback was also shared with the Finance team to assure that reported expenses corresponded to approved and executed activities.

Document Review

Document review, the second monitoring task, consisted of reviewing the regular programmatic and financial documents presented by the NGOs, including the (1) quarterly activity program; (2) quarterly technical narrative and quantitative reports, and (3) monthly expense reports.

The results of this review process were utilized to ensure programmatic and administrative compliance, and allowed for early identification of problems and challenges in the implementation of projects. The technical information from this review was incorporated into the overall quarterly report from AcciónSIDA to USAID/DR, including the quantitative data for the results framework.

Follow-up Meetings

Follow-up and review meetings, the third monitoring task, took place to review the goals achieved. Beyond the monthly interaction between the monitoring team and the NGO technical staff, more formal program review meetings were held every three months. These meetings were to assess the progress and performance of the projects. During them, there was a brief presentation of the work performed that served as basis for the discussion on the main findings of each intervention, in order to identify possible solutions and define the next steps by mutual agreement. These meetings were then documented in a report compiling the agreements reached with each NGO.

In addition to the aforementioned methods utilized to monitor and evaluate the grantees, AcciónSIDA performed medium-term evaluations of the projects in 2000 and 2001 (depending on the timeline of each project). These evaluations were utilized to determine the level of progress regarding the achievement of the established quantitative and qualitative goals. The results of those evaluations allowed the timely implementation of corrective actions, thus ensuring the success of the project.

It is important to note that the process indicators from the above reports complement the overall qualitative evaluation of AcciónSIDA done in the form of a pre- and post-KAPB study that measured the impact of the projects separately. Population-specific data from the KAPB have been provided within *Target Audience* Chapters III through X. In addition, USAID contracted an independent assessment of the overall AcciónSIDA program strategy, performed by the Synergy Project in 2001. It provides a separate discussion of the progress and impact of AcciónSIDA's activities. (This independent assessment has been attached as Annex 4)

Participant Training

At the request of USAID/DR, AcciónSIDA implemented a supplemental participant training program (US\$200,000 over four years) that focused on expanding technical abilities and skills of personnel from both NGOs and public sector agency partners. In addition to helping foster technical skill sets, training activities helped to connect Dominican professionals with state-of-the-art methodologies and program designs from international experience.

In January 2000, AcciónSIDA performed a diagnosis of the needs for training and technical support of the NGOs involved in the project. The results of this diagnosis were utilized in formulation of the Technical Support and Training Plan, which in turn covered three main areas: institutional (organization) development, administrative/financial, and programmatic, each of which are further described below.

Institutional Development

Participant training funds were used to support NGO technical staff participation in a series of group trainings held in-country with international consultant resources. Topics included organization structure, functioning of the board of directors, sustainability, institutional monitoring/evaluation, and coordination between institutions and the formation of strategic alliances.

The majority of NGOs that requested assistance with regard to boards of directors were new actors in HIV/AIDS and had not been exposed to this approach before. The more “veteran” NGOs had previous knowledge of the importance of board development, but generally had not progressed in the implementation of the basic principles shared in this training. AcciónSIDA contracted the National Center for Non-Profit Boards (from Washington, DC) for this training.

Most of the NGOs had some experience dealing with sustainability issues, but continued to be challenged in this area and defined it as a priority need for additional training. AcciónSIDA contracted ENTRENA S.A. to design and implement a week-long training workshop on sustainability, based on its experience with the USAID-supported PVO Co-Financing project.

A significant number of NGOs requested training and support with regard to institutional evaluation, which was offered as a component of the strategic planning process training and assistance described previously.

Administrative/Financial

AcciónSIDA’s Finance Team provided assistance to the funded NGOs as a routine part of the grant process with initial orientation training on compliance with USAID regulations, and the provision of tools and templates for financial reporting. Additionally, the technical assistance described previously helped to strengthen the internal administrative processes of the NGOs. The topics included in this area were strategic planning, human resources management, and financial/accounting management. During the diagnosis phase, the NGOs showed a certain level of confusion with regard to the strategic planning concept. Many of them mentioned that they had developed strategic plans but, in fact, they had really developed operating plans.

Programmatic

Participant training funds were used to support individual training of technical staff from both the NGOs and key public sector partners (DIGESITSS and COPRESIDA primarily). The programmatic area included aspects such as monitoring and evaluation of projects, information systems, counseling and emotional support for PLWHA, and IEC material development.

The NGOs identified several needs for training in IEC development: strategy design; development and validation of printed materials; information on HIV/AIDS; and HIV/AIDS and gender issues.

CHAPTER III

Target Audience: Adolescents and Youth

Adolescents and youth between the ages of 10 and 24 constitute 23.5% of the Dominican population, the majority of whom live in urban areas. According to data made available by PROCETS/SESPAS (July 1999), the highest rate of AIDS cases in the Dominican Republic occurred among individuals 24 to 34 years of age (40.8% of total cases).

AcciónSIDA made youth-focused interventions a priority in its request for proposal and committed a large proportion of its NGO program to this target population (four of 15 projects implemented by five NGOs). The annexed grants table shows the dates, geographical coverage, and intervention types of each project in more detail. Prior to describing crosscutting activities implemented by AcciónSIDA and its grantees, a brief profile of each of the NGOs funded to address adolescents and youth is provided:

NGOs Funded under AcciónSIDA to Work with Adolescents and Youth

1. ASOCIACION DOMINICANA DE PLANIFICACION FAMILIAR, INC. (ADOPLAFAM)

Project Name: Reproductive and Sexual Health and HIV/AIDS/STI Prevention for Adolescents in La Romana and San Pedro de Macorís

Description: ADOPLAFAM implemented an HIV/AIDS/STI prevention program for 10- to 19-year-old youth in the five eastern provinces of the country. The NGO conducted trainings, IEC programs, condom distribution, and clinical referrals systems, and initiated community support groups. The project strengthened awareness of community-based organizations, school principals, and teachers by involving parents and tutors of the direct beneficiaries. It established an adolescent network of health messengers and strengthened a network of AIDS prevention services (educational materials and condoms).

2. COORDINADORA DE ANIMACION SOCIO-CULTURAL, INC. (CASCO), AND ASOCIACION DOMINICANA PRO-BIENESTAR DE LA FAMILIA, INC. (PROFAMILIA)

Project name: Communication for a Change in the Behavior of Adolescents and Youth in the Prevention of HIV/AIDS/STI

Description: The project was targeted to low-income adolescents ages 15 to 19 in urban and peri-urban sectors in the National district. It was oriented towards the promotion of sexual health and rights, with special emphasis on the prevention of HIV/AIDS among the youth

population and society, promoting healthy lifestyles to protect them from HIV infection by sexual contact.

3. INSTITUTO DOMINICANO DE DESARROLLO INTEGRAL, INC. (IDDI)

Project name: Primary Care and Community Self-Sufficiency in AIDS

Description: IDDI targeted youth in the prevention of HIV/AIDS/STI by conducting trainings, an IEC program, and condom distribution. The project strategy created peer-educator networks of parents, schools, and community outreach organizations. The health system and referral system improved and incorporated a youth-focused health service and a Two-Way Adolescent Referral System.

4. MUJERES EN DESARROLLO, INC. (MUDE)

Project name: Working with adolescents for the prevention of STI/HIV/AIDS

Description: This project took place in the rural areas of 15 provinces of the country and benefited youth from 125 communities. A Peer Outreach methodology was used to train a group of youth as *multipliers* who would in turn reach a larger number of youth with educational messages through a continual and systematic process.

Prevention Activities

Prevention activities focused on fostering behavior change related to increased abstinence, postponement of initial sexual activity, reduction in the number of sexual partners, and increased use of condoms among those who are sexually active.

The overall target population for youth-focused projects funded by AcciónSIDA ranged between the ages of 10 and 24. Among projects funded, the population was segmented as follows: youth between the ages of 10 and 14; youth between the ages of 15 and 19; and, among institutions that utilized a broader range, youth between the ages of 13 and 24.

The projects that worked with sexually active youth (primarily the older ranges) sought to increase the perception of risk in order to help motivate sexually active youth to use a condom in each sexual encounter. In the group of 10- to 14-year-old youth, or those sexually inactive, the intention was to support the postponement of sexual relations by adopting protective behaviors, and then emphasizing the use of condoms if or when sexual activity was initiated.

Training activities and interventions related to HIV/AIDS/STI awareness and prevention took place in elementary and high schools. A layered, or graduated, curriculum tailored to age competencies and focused on incorporating sexual education and HIV prevention into educational institutions was utilized after official adoption by the country.

The projects segmented the audiences in the following categories: direct beneficiaries, indirect beneficiaries, teachers and community leaders, fathers/mothers/tutors, and community groups. A variety of strategies were used to work with these groups:

- Training of multipliers through the peer methodology, which in turn educated direct beneficiaries through one-to-one outreach and the dissemination of IEC materials (see the *Catálogo de Publicaciones* for examples of materials); confrontation of risky practices; and promotion of protective behaviors. Participants developed “socio-drama” skits that focused on key behavior issues to make the learning more interactive and participatory. Other methodologies including mini-workshops, theater plays, discussions, educational seminars, and community-developed special public events (such as parades and health shows);
- Integrating of the adult community into the performance and public outreach events to achieve a secondary beneficiary effect;
- Organizing “HIV/AIDS Awareness Days” for fathers/mothers/tutors of peer leaders, teachers, and leaders and members of community organizations;
- Developing educational materials targeting new audiences: decision-makers, government organizations, NGOs, technicians, and adolescents who are not sexually active;
- Reinforcing the technical capacity of the GODR and the NGOs through workshops;
- Distributing condoms through the peer educators;
- Visiting house-to-house by the peer educators;
- Performing at large community events such as parades, awareness walks, and health fairs;
- Disseminating messages and slogans through radio programs.

Policy

The five NGOs funded by AcciónSIDA implemented a series of public awareness activities. These activities contributed to the positioning of HIV/AIDS/STI as a critical issue affecting adolescents and youth that requires public and social policy changes. The work at this level focused on decision-makers and targeted them through events and workshops.

The institutions based their policy work on reinforcement of youth leaders in the multiplier networks. In the case of the CASCO/PROFAMILIA project, a significant effort was made to increase the awareness of public sector personnel through the formation of the National Network of Youth for the Prevention of HIV/AIDS. This youth leader network included representatives from the five AcciónSIDA-supported NGOs, as well as leaders from the Ministry of Youth, and served as an advisory network for the development of the USAID-supported “Soy Importante” (“I am important”) campaign. This campaign was implemented under the auspices of the Secretariat for Youth Development and revolved around a three-pronged strategy focusing on health, recreation, and work-preparedness with private sector involvement. AcciónSIDA assisted the Johns Hopkins University PCS project in the development of this campaign.

The network also played an activist role in developing and promoting the National Youth Law, which was passed unanimously by the Dominican legislature in 2001. This legislation identified the roles and responsibilities of key sectors that affect youth development and well being (Education, Labor, Recreation and Sports, Health, and others) and serves as a template for a comprehensive youth development policy framework.

Strategic Alliances

Strategic alliances among existing agencies and organizations proved to be an important factor in the sustainability of projects initiated under AcciónSIDA. By coordinating the activities at a municipal level with existing leadership from the Secretary of Youth, the Town Halls, Civil Defense, and the Red Cross, programs could become institutionalized as ongoing efforts in the communities. Further coordination was created with the Ministry of Women and the Youth Pastoral Organization.

Additional strategic alliances were formed by including staff who were not specific to HIV/AIDS programs within program training activities offered by AcciónSIDA. This effort resulted in awareness among these staff of AIDS-related issues and ultimately strengthened the commitment to ongoing programs. Additionally, the coordination between the different sectors and the official programs of the health and education sectors helped to maximize the material and human resources available to the projects, and contributed to unify criteria for the youth prevention programs.

Finally, the regular involvement of peer educators in local radio programs not only provided unique opportunities for youth development and for dissemination of educational messages, but also benefited the programs working to serve youth. These efforts resulted in an alliance with the owners and programmers of local radio stations and broadened the reach of the youth projects beyond what the peer education networks could achieve in their planned activities.

IEC Activities

The NGOs working with youth were able to produce and disseminate a prodigious number of new and existing IEC materials during this project, leaving a significant body of tools that can be used for replication and expansion of future programs. The attached *Catálogo de Publicaciones* gives a more complete view of the variety and quality of these publications, which are available through the NGOs listed. The table below shows the numbers and types of materials targeted to adolescents and youth that were produced and distributed during the time period covered by AcciónSIDA project funding.

Type of Material	Institution	# Produced	# Distributed
Prevention posters	ADOPLAFAM	2	10,000
Script: Theater play	ADOPLAFAM	1	1
Prevention brochures	ADOPLAFAM	3	45,000

Stickers	ADOPLAFAM	2	2,000
Manual: Work methodology	CASCO/Profamilia	1	500
Decision-makers folder	CASCO/Profamilia	1	400
Prevention brochures	CASCO/Profamilia	2	30,000
Identification and promotion tee-shirts	CASCO/Profamilia IDDI	2	755
Bulletins: Youth network	CASCO/Profamilia	1	1,000
Bulletin: Cairo/Beijing agreements	CASCO/Profamilia	2	16,000
System Document: National Network	CASCO/Profamilia	1	1,000
Promotion brochures	CASCO/Profamilia	1	200
System brochures	CASCO/Profamilia	1	500
Promotion message backpack	IDDI	1	200
Credential for the multipliers	IDDI	1	200
Radio spots	MUDE	3	60
Prevention brochures	MUDE	2	10,500
Promotion posters	MUDE	2	4,000
Information sheets	MUDE	4	12,000
Manual for using the flipchart	CASCO/Profamilia	1	300
Brochure: "Take care of yourself"	CASCO/Profamilia IDDI	1	10,000
Gatefold: "Let's talk about AIDS"	CASCO/Profamilia IDDI	1	10,000
Sexual education manuals	IDDI	1	150
Manual: "Learning to live"	MUDE	1	460
Brochure: STI/HIV	MUDE	1	7,000
Flipcharts: "It is Your Life"	CASCO/Profamilia IDDI	1	30

Results

Aggregated results of NGO activities specific to youth and implemented under AcciónSIDA were the following:

Quantitative Process Results

Expansion of Information and Training	
Number of adult volunteers trained	909
Number of youth volunteers trained	5,306
Persons Reached	
Number of youth and adolescents	156,897
Number of general population	117,945
Condoms Distributed	
Number of condoms distributed	61,790

It is important to note that while the number of condoms distributed was tracked by the NGOs funded under AcciónSIDA, AcciónSIDA itself did not manage or distribute condoms as part of its scope of work. In addition, condoms distributed through NGOs funded by AcciónSIDA were obtained utilizing other funding sources, including the UNFPA, GODR, or the NGOs' individual efforts.

In relation to total number of youth reached via the NGOs, periodic project reports provided the following results:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Youth	37,552	40,966	76,857	57,893	32,642	31,398	Exceeded numeric goal

Quantitative Outcome Results

AcciónSIDA's final KAPB survey provided dramatic documentation of measurable changes in attitudes and practices for this population. KAP outcomes for youth are provided based on a comparison between the 1998 pre-KAP survey (sample size 1,475) and 2002 post-KAP survey (sample size 1,478). Impacts, as documented below, are presented in relation to the Strategic Objectives addressed by the program, subsequent indicator, and percentage of target audience reporting uptake of behaviors:

Strategic Objective 2: Increase risk perception and health-seeking behavior. Overall indicator for this objective was as follows: target population practicing low-risk behavior for STI/HIV. More specifically, this was measured by the percentages of target population whose sexual behavior and/or condom use placed them at reduced risk of infection. Sub-indicators included:

Sub-Indicator: Percentage of target population that never had sexual intercourse:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Youth	63.2%	43.8%	87.7%	51.4%	63%	44%	Exceeded numeric goal

Sub-Indicator: Target population that was previously sexually active but has not had any sexual partners in the last year:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Youth	2.7%	7.6%	8.4%	12%	5%	10%	Exceeded numeric goal

Sub-Indicator: Sexually active target population that always used condoms in the last three months:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Youth	6%	15.8%	22%	42.2%	10%	24%	Exceeded numeric goal

Sub-Indicator: Sexually active target population who perceives moderate or high risk of acquiring HIV/STI infection:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Youth	24.9%	34.9%	40.2%	31.6%	40%	55%	Accomplished in women. Not in men.

Qualitative Outcomes and Impacts

Beyond the process and impact indicators presented above, AcciónSIDA staff also observed a wide range of qualitative effects of the programs that are assumed to both contribute to, and come from, the HIV/AIDS efforts supported in this project:

- In general, the projects targeting youth and adolescents achieved a positive impact on the target population, both in terms of personal development and with regard to the increasing engagement in family and community life.
- By taking part in the projects, the youth reinforced their self-esteem, acquired higher responsibility and a sense of belonging, and received the recognition of their peers and the community. In many of the interventions, youth received support for the development of personal goals or a life plan. The interventions also promoted communication and interaction between parents and children, resulting in an improvement in their relations and understanding.

- During the monitoring process, it was evident that an empowering process had occurred in several leader multipliers; some of them already were capable of performing activities typical of the teachers in the schools, such as talks or lectures.
- The projects led to a significant level of awareness and education at the community level. Fathers and mothers, as well as community leaders, were sensitized and educated on the targets and goals of the project and their possible impact on youth. The response of parents was favorable in the sense that they allowed and supported the participation of their children in the projects.

In addition, the following operational and theoretical assumptions are believed to have contributed to successful impacts:

- The creation of higher awareness levels in the GODR and NGOs helped to establish specific action plans to cope with AIDS problems.
- The integration and support of the community organizations contributed decisively in promoting the information, training, and mobilization of youth and adolescents, as well as adults.
- The integration of topics such as self-esteem and personal life planning within the educational activities contributed to a closer engagement of the youth and improved commitment of the peer networks.
- The interventions with fathers/mothers/tutors added to the integration of the project to a larger youth network.
- The significance of integrating other sectors (such as education, sports and recreation, and labor), which influence factors related to HIV/AIDS, increased the influence on the policy environment.
- The inclusion and recruitment of recognized community leaders helped to increase the visibility of HIV/AIDS efforts in the community.
- The success of youth and adults working together on HIV/AIDS issues increased long-term commitment and buy-in to the programs.

Challenges and Lessons Learned

- While immense benefit was noted through the participation of parents and community leaders within interventions, strategies and actions to support their active participation have not been adequately identified or developed. To this date, the experience showed that once sensitized and educated, parents may assume a more active role in the lives of their children. Particularly fathers and mothers may play a very significant role in the promotion of the projects and in other actions contributing to their continuity.
- The majority of the interventions were focused on youth and adolescents ages 15 to 24 as a single target group, often using the same strategies and methodologies regardless of age within this range. Based on results and lessons learned from other projects, a narrowed focus on levels of development and more age-specific issues and needs could result in greater impact.

- The ability to complement and integrate educational interventions and the offer of preventive methods (condoms) and care services proved to be a substantial challenge. Currently, in most of the zones of influence of the NGOs, there are no services specializing in sexual and reproductive health for this population. Considering the frustrating experiences with the health programs developed by the public sector, the NGOs should be supported to develop the capacity to provide this service.
- Another challenge is the extension of the interventions to new zones. Some organizations have been working in the same communities or neighborhoods for many years. They must identify strategies, mechanisms, or alliances with other institutions in order to expand the prevention actions towards new zones, while maintaining the interventions in the existing zones.

Recommendations

- The work developed with youth and adolescents has been evolving from prevention to HIV/AIDS care and support issues, and therefore the institutions working in this area must consider reinforcing the referral and counter-referral systems to integral health services covering this population. For these purposes, the service providers in the different provinces must be identified in order to establish the necessary cooperation agreements, particularly with SESPAS.
- Whenever two institutions join their efforts for the execution of a project, beyond simply meeting a donor requirement, the alliance should be used to exchange experiences and achieve mutual enrichment.
- The planning, coordination, and follow-up process of the field activities must be reinforced to ensure the proper implementation of the training programs, professional development and strengthening of the teachers, and quality of the interventions.
- To ensure participation, the personnel assigned by the NGOs to work with adolescents and youth must inspire trust and security. While in many cases, the field personnel hold several responsibilities for different projects of the NGOs, it is important that they dedicate more time to this segment of the population. This is especially true for the training of peer educators, because the quality replicates out to a larger number of participants when done well.
- Undoubtedly, the strategy used by the NGOs to train peer educators is essential to achieve several of the goals established in the projects and the continuity of the actions in the future. Also, it is necessary to define clear goals and objectives in the training programs, ensuring that the multipliers can reproduce educational messages correctly and consistently. Consistent guidelines for the logistics of workshops and presentations are very important as well.

- It is worth expanding the possibility of peer activities in the sale of condoms, as youth may feel more comfortable when buying the condoms from their peers than from adults.
- The important success of the National Youth Network in advocating for the National Youth Law shows the enormous potential of this approach to promote supportive policies. At the same time, it is generally recognized that the ad hoc nature of this network is a serious liability that requires collaborative efforts from the donor community if this network is to continue to play its important role as new challenges appear. Therefore, it is necessary to identify strategies so that all the institutions supporting the network can do this more systematically with the goal of making it more permanent and institutionalized without losing its well-known energy and spontaneity. Attention should be paid to the relation between the network and the host or umbrella organizations. Clear definition of roles and responsibilities will ensure that the network maintains its independence in the decision-making process, while benefiting from more professional guidance.
- It is important to promote the expansion of the National Network of Youth towards other provinces. Before creating more committees, however, it is necessary to reinforce the current ones, mainly by establishing action plans that can encourage sustained engagement and commitment.
- Finally, it is necessary to review the concept of volunteerism and to identify the factors that motivate and sustain youth involvement. Although the youth in the provinces are willing to give their time as volunteers, they do need financial support for transportation and outreach activity expenses, which need to be built into an ongoing and sustainable support mechanism. Emphasizing the value of the skills-building and leadership experience is important, but more systematic planning of paths for youth leaders who are “aging out” of these activities will also prove to be a strategy.

CHAPTER IV:

Target Audience: Bateye Youth

Between 1950 and 1990, around 20,000 Haitian workers arrived in the Dominican Republic, primarily obtaining work as sugarcane cutters. The workers were housed in camp settlements known as “Bateyes,” close to the sugarcane plantations. The privatization process of the sugarcane industry over the past decade has resulted in marked deterioration of these settlements and more recently, they have become known for their extreme poverty and absence of health services.

Since 1990, the Bateyes communities have reported some of the highest prevalence rates for HIV/AIDS in the country, with 15.3% in the National District Bateyes and 5.7% among women of reproductive age in the eastern zone Bateyes. Women in the Bateyes are at the highest risk of contracting HIV/AIDS as many are forced to exchange sex for money or other goods due to the lack of economic opportunities and the overriding need to feed their children. Other risk factors for the residents of the Bateyes relate to common sexual beliefs and practices, and even some religious and voodoo practices. Examples of such cultural beliefs and practices include a cultural belief that older men can increase potency through sexual relations with younger women, or voodoo practices that directly expose individuals to blood.

In 1999, 88.3% of men and women between the ages of 14 and 22 within the Dominican Republic self-reported as being sexually active, with no significant difference between the sexes. Almost half of them started their sexual life before reaching 15 years old and only 13% of men and 2.9% of women reported having used the condom in their sexual relations during the last three months.

The development of this project covered two phases. In the first, the NGOs IDAC, MOSCTHA, CASCO, CEPAC, and ALA DOMINICANA began a broader population effort in 60 communities. In the second phase, CASCO, IDAC, and MOSCTHA were involved in a scaled-down focus on youth in 30 communities.

The project was one of the more “challenged” of the NGO prevention efforts supported by AcciónSIDA, because of the relative organizational and administrative weaknesses of several of the NGOs, the complexity of initially coordinating five different NGOs under one initiative, and the challenges of the new umbrella role for CASCO as the only NGO with previous USAID funding experience. The project was funded as a “higher risk” grant investment because of the compelling need to begin building capacity in the Bateye communities, and as an experiment in the feasibility of reaching a large (60 communities) rural population through one grant mechanism. After the initial year and a half of support, a recurrent set of administrative deficiencies, and delayed program implementation, project activities were stopped in order to re-design and focus a more effective approach. A scaled-down version with three of the original NGOs and a more focused project design was developed with AcciónSIDA assistance, and the project resumed in March 2001.

Prior to describing the key activities implemented under this initiative, a brief profile of the three key partnering NGOs is provided:

NGOs Funded under AcciónSIDA to Work with Bateye Youth

1. INSTITUTO DE ACCION COMUNITARIA (IDAC)

IDAC focuses on the poor urban and rural communities and the Bateyes of the provinces of San Cristobal, San Pedro de Macoris, Monte Plata, and the National District. It promotes models of group-level interventions and seeks to address specific problems within the handling of HIV/AIDS/STI.

2. CENTRO DE ANIMACION SOCIO CULTURAL Y ORIENTACION (CASCO)

CASCO is one of the pioneer HIV-focused NGOs in the country and one of a handful of NGO leaders in policy-focused coalition efforts since the late 1980s. Its mission is to “contribute to the development of actions in the health area improving the quality of life of the people and stimulating the active involvement of the community in the solution of their problems.” CASCO initiated community-based HIV prevention efforts in the Bateye communities of the La Altagracia region, and offered to serve as an administrative umbrella to the other Bateye NGOs that formed the network for the AcciónSIDA efforts described in this chapter.

3. MOVIMIENTO SOCIO-CULTURAL DE LOS TRABAJADORES HAITIANOS (MOSCTHA)

MOSCTHA is a community-based organization with strong organizational roots in the transportation and labor union movements of the region. Its geographical focus area is in Bateyes in the National District, Monte Plata, and Boca Chica, as well as some Bateyes in the Southern region of the country. With a strong background in developing water systems, schools, and sanitation infrastructure in its communities, MOSCTHA responded to the growing HIV/AIDS problem with a proposal to implement general population awareness and prevention activities as part of the coordinated effort of the Bateye Coalition.

Prevention Activities

The stated overarching goal of the Bateyes youth project was to “contribute to the reduction of the prevalence rate of HIV/AIDS in adolescents and young adults from 15 to 25 years old in the Dominican Republic.”

The second phase of the project had two components: (1) communications and advocacy to position HIV/AIDS as a priority within these communities, and (2) strengthening and/or training of local health committees to promote a more active and targeted prevention role to reinforce existing but weak public health sector efforts. New educational materials were developed for the project, with a series of “popular comics” developed with typical characters and situations from the Bateyes. The comic books were conceived as a particularly suitable

approach for community members who often had low levels of literacy. The story lines integrated a variety of prevention themes such as fidelity, protection, and partner reduction, which were used as the basis for group discussions.

A network of 300 volunteer multipliers and 30 leading multipliers was trained and put into action. This network conducted educational activities such as health talks, mini-workshops, and home visits, combined with IEC materials and condom distribution when condoms were made available from other sources. The three NGOs worked in the communities listed below, with the following number of volunteer multipliers active in each sub-project:

CASCO	IDAC	MOSCTHA
<ul style="list-style-type: none"> • Palavé • Bienvenido • Lechería • Hato Nuevo 	<ul style="list-style-type: none"> • Esperanza • El Soco • Montecristi 	<ul style="list-style-type: none"> • La Luisa • San Isidro • La Jagua
160	120	120

Approximately 9,952 male adolescents and youth between the ages of 15 and 25 years old were reached, as well as 13,379 female adolescents and youth of the same age group. In addition, 5,361 adult males and 6,151 adult females took part.

Policy

Representatives of the funded NGOs participated actively in the National Strategic Plan design process, and formed a part of the thematic groups on Bateyes hosted by INSALUD described previously in Chapter I. At the community level, the advocacy efforts focused on persuading the medical authorities of each health area to include the Bateye population in the provincial and regional HIV/AIDS prevention plans as part of the SESPAS strategy. While not always successful, these efforts contributed to a broadening awareness of the health status of the Bateye communities through media coverage and participation in larger NGO meetings on HIV/AIDS.

Strategic Alliances

As the Bateyes are faced with few resources, poverty, and limited recognition, strategic alliances were key to ensuring the greatest impact possible with the funds available for HIV/AIDS/STI prevention activities. As such, the following approaches and efforts played a critical role in effectively leveraging dollars available:

- The coalition of NGOs formed to develop and implement the project reinforced each of the participating NGOs through the shared work and strengthened capacity to manage donor funds. The individual strengths of the NGOs made the coalition effort stronger as they were shared. For instance, IDAC provided its experience in

mobilization and community involvement with the Bateyes population, CASCO provided its experience in HIV/AIDS/STI prevention, and MOSTCHA shared its deeper experience with the socio-economic reality of the Bateyes.

- Alliances were established with SESPAS (Ministry of Health) personnel that contributed to raised awareness and an increased commitment to improve the health conditions in these areas.
- An agreement was signed with the State Sugar Council (CEA) to support community educational activities, which is key to ongoing institutionalization because of the important role CEA plays in broader community activities.
- An alliance formed with PROFAMILIA allowed access to low-cost condoms in the communities after long periods of scarcity.

IEC Activities

A variety of new IEC tools were developed for this project to respond to the lack of existing materials that were culturally attuned to this population. Of special note are the series of comics, called “In the Bateye where I live,” two radio soap operas that were produced and aired on radio stations specifically serving the Bateye communities, and a new educational flipchart and manual for training volunteer multipliers. In addition, caps, tee-shirts, identification labels, and stickers were produced with messages that reinforced the work of the multiplier network, as well as serving to identify and distinguish the multipliers in their communities.

Type of Material	# Produced	# Distributed
Label: Bateyes against AIDS	1	50
Stickers introducing the project	1	500
Manuals for leading and volunteer multipliers	1	500
Flipcharts	1	80
Caps	1	400
Tee-shirts	1	400
Radio soap opera	2	Local stations
Comic: Condom skills	2	20,000
Pamphlet: AIDS World Day	2	20,000
Referral coupons	1	20,000
Promotion posters	1	2,050

Results

The project showed a significant impact in desired increased levels of knowledge and reported behavior change between the baseline and final KAPB studies, despite some of the challenges

described above. The creation and training of a network of 300 peer multipliers was able to reach over 27,000 youth and an additional 9,685 adults in the intervened communities, with measurable increases in risk perception, condom use, and ability to identify HIV transmission modalities correctly, as shown in the tables below. Additionally, the capacity-building efforts that underlay the project have left a solid foundation for continuing work in this area, with numerous lessons from which to plan expansion and replication of this community-driven approach to prevention education.

Quantitative

The KAPB was implemented within the target population of sexually active 15 to 25 year old Bateye youth among a sample of 400 for a baseline survey in 1999 and a post-project comparison sample of 416 in 2002. Results related to sub-indicators were as follows:

Sub-Indicator: Percentage of target population that perceived moderate or greater risk of infection by HIV/AIDS:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Bateye Youth	34.6%	27.4%	41.9%	35.6%	44.6%	41.4%	Increased, but did not exceed numeric goal

Sub-Indicator: Percentage of target population that reported using condoms in ALL sexual relations in the last three months:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Bateye Youth	2.8%	22.1%	12.2%	40.7%	6.8%	30.1%	Exceeded numeric goal

Sub-Indicator: Percentage of target population that could correctly identify three ways to avoid infection by HIV/AIDS:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Bateye Youth	88.9%	88.7%	99.1%	100%	100%	100%	Increased, but did not exceed numeric goal

Qualitative

In addition to the quantitative results of the project summarized above, the following achievements are also noted:

- A community network of multipliers between the ages of 14 and 24 years old with the capacity to continue health promotion activities in their communities is now created.
- The design and implementation of a shared project by several NGOs in order to extend the geographical coverage for the same audience provides the foundation for additional replication with the materials and training approaches developed.
- A formal and ongoing working relationship was established between the NGOs as well as between different groups within the communities (such as schools, health personnel, and existing health promoters), which will continue to be a base for ongoing community development efforts.
- New IEC materials were designed, validated, and tested specifically for the youth and adolescents of the Bateye communities, which can be replicated for use at a national level in other Bateye communities.
- The prevention activities for HIV/AIDS/STI were integrated within a broader health framework, including hygiene and personal health habits, which should continue to have impact upon the participants and beneficiaries.

Challenges and Lessons Learned

- The project “Bateyes Against AIDS” contributed to addressing the need for information and education of one of the most marginalized populations of the country, the inhabitants of the Bateyes. This intervention in 30 Bateyes of the National District has been possible due to the involvement of CASCO, IDAC, and MOSCTHA. The many years of experience accumulated by these three organizations in the Bateye communities assured that the social and cultural characteristics of the Bateyes were integrated into the project and served to increase the access to and impact upon these communities.
- This intervention faces many challenges in the future. The profile of the youth from the Bateyes is very different from the youth from other rural or semi-rural zones. The common practice of early initiation of sexual relations, low levels of school attendance due to economic and accessibility factors, and lack of access to services and employment opportunities contribute to the stress and challenges these youth face.
- A massive effort is needed from donor organizations and the public and private sectors to increase the scale and intensity of these efforts if significant national impact is to be seen.

- HIV/AIDS/STI cannot be approached as a particular problem independent from other social factors. The intervention model needs to be integrated with other critical aspects of community development such as economic opportunity, education, and basic health infrastructure and services.

Recommendations

- The institutions that developed the work with the inhabitants of the Bateyes must assess the different alliances created between institutions, in terms of the value they add to the project. As with the youth target audience described in Chapter III, it is important to highlight that the alliances between the institutions have fostered an exchange of experiences and enrichment of those involved, more than simply meeting the requirement of a funding institution.
- The work with this particular population is more delicate and requires a greater dedication and specialized personnel in sufficient numbers to ensure adequate coverage of the geographical zones. A critical factor to success is that there be adequate supervision and follow-up with the peer multipliers to maintain the quality and momentum of the project.
- In the future, the political efforts to integrate the Bateyes into the Provincial and Municipal HIV/AIDS plans should be planned and reinforced more systematically to have a lasting effect.
- The recruitment profile of the leading multipliers must be clearly defined. The combination of youth, adults, and seniors focused on in the first phase complicated the work with youth, with the additional negative factor of the low educational level and the limited teaching capacity of many of the older generation. The project was able to function much more smoothly when the second phase targeted a narrower and younger population.

CHAPTER V

Target Audience: Sex Workers

It is estimated that more than 50,000 women between the ages of 15 and 45 exchange sex for money in the Dominican Republic. Among this population, approximately 80% work in sex establishments and the remaining 20% work in the streets. According to data made available by SESPAS, estimated seropositive rates in 1998 for this population were between 3.7% and 9.8%.

Because of low educational levels and economic hardship, this continues to be a significant high-risk group that appears to grow with the tourist industry while maintaining a constant role for local clients. The KAPB survey, performed by AcciónSIDA in 1999 in the Province of Puerto Plata, indicated that only 51% of the sex workers had completed elementary school, and that 24.7% of them had their first sex work experience while they were between the ages of 16 and 18. The projects developed by COIN and CEPROSH since the late 1980s have evolved to become internationally recognized for their innovation and impact. During the project implementation years covered by AcciónSIDA, expansion of these projects and a broadened comprehensiveness were sought. Significant progress under AcciónSIDA was made in enlisting the support of brothel managers and operators for the 100% Condom Policy, and the two projects have been able to establish stable and ongoing formal collaborations with public health and other authorities where the projects are implemented.

NGOs Funded under AcciónSIDA to Work with Sex Workers

1. CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL (COIN)

Project Name: Work, Health and AIDS Project

Description: During the period of funding covered by AcciónSIDA, COIN integrated the Sex Worker and Industrial Worker strategies funded individually under previous periods in recognition of the social relationship between the two seemingly separate sectors. Previous experience had shown that many of the female free trade zone workers also worked night shifts in bars and restaurants, and occasionally or regularly engaged in the exchange of sex for money. At the same time, male industrial workers are often regular clients of the sex industry near the plants where they work, completing a loose symbiotic relationship. The COIN project sought to consolidate the methodology for reaching these two populations, as well as to expand its structural linkages to existing health authorities and managers of sex establishments. The geographical scope was expanded to include the cities of Santo Domingo, San Pedro de Macoris, San Cristobal, and La Romana as part of a replication strategy for the existing programs.

2. CENTRO DE PROMOCION Y SOLIDARIDAD HUMANA (CEPROSH)

Project name: Avancemos (Let's Go Forward): Extension of an Educational Model Addressed to Men and Women Associated with Prostitution

Description: This project continued a successful methodology jointly developed with COIN, and included a replication component to test the feasibility of introducing the model to new locations previously not addressed. The purpose of the project was to contribute to a reduction in the prevalence of HIV/AIDS in populations linked to sex work in the northern region of the country. Project implementation ran from April 1998 to June 2002, and was targeted to men and women working in the sex industry.

CEPROSH also participated in a joint collaboration with the Horizons Project and COIN to apply operations research methodologies to the 100% Condom model. The 100% Condom Policy was developed jointly with the COIN and CEPROSH Avancemos projects with support from the Horizons Project. The policy includes formal working agreements with public health (SESPAS) inspectors and clinics, as well as formal policy adoption by participating business owners. As it was introduced under the AcciónSIDA project, it included three components: behavior change/IEC activities, promotion and social marketing of condoms, and awareness building of key leaders. It took place in 13 towns in the provinces of Santiago, Santiago Rodriguez, Valverde, and Puerto Plata.

A clinical services component was included within projects funded for this target population and included clinical services (medical and STI screening and treatment) through a mobile clinic and direct care at SESPAS health centers. Both institutions had a care center for the detection and handling of STI, HIV, and Papanicolaou (Pap) assessments. In addition, support was obtained for the training of medical personnel, promotion, and organization of the exams.

Prevention Activities

Prevention efforts targeted to sex workers utilized an outreach network targeting women working in established sex businesses of a variety of types, and women who work independently in the streets. The developed strategies included educational “provocative” theater, street theater, sale and distribution of condoms, health promotion, disease prevention presentations, and health fairs.

Street theater: A series of short plays and skits were developed for presentation in different public places such as shops and bus stops, with the goal of raising general awareness about HIV/AIDS and STI transmission and prevention methods and the work of the funded organizations. Promotion of health checkups and referral information was integrated into these sessions. More provocative theater skits were presented in bars and cabarets known as venues for sex work, and included a theatrical approach to get the attention of clients and workers by including staged fights or arguments about sex and safety, condom demonstrations, and general information on HIV/AIDS and STIs. The goal, aside from general prevention

information, was to make it easier for sex workers to negotiate condom use with their clients by reinforcing the importance in the skits.

Sale and distribution of condoms: A distribution network was established from CEPROSH to shops and participating bars and cabarets. The condoms were purchased at very low prices, generating a minimum profit for the health promoters who distributed them.

Educational outreach: Operations included presentations in parks, main streets, and on a house-by-house basis, accompanied by brochures on a variety of related topics.

Health talks: Specific sessions were held a range of topics, including personal hygiene, avoiding infection, client negotiation skills, self-esteem, and legal rights of sex workers.

Health fairs: Daylong events were held in public places with a variety of public awareness activities such as theater, outreach activities, skits, group discussions, condom use demonstrations, and distribution of educational materials.

Awareness building: Awareness building among, and engagement of, the owners of sex establishments was conducted to support the educational theater presentations, distribution of condoms, and follow-up of medical check-ups for the women.

Media: Messages were disseminated regarding the importance of investing in the prevention of HIV/AIDS in order to contribute to the reduction of the impact of the epidemic on the sex workers.

Training of health promoters: Health promoters within the sex establishments received training to expand the preventive educational network and training of community organizations focused on reproduction of the project in other sectors.

Policy

The policy work implemented for this target audience focused on the acceptance and reinforcement of the 100% Condom Policy by brothel managers and public health inspectors. This model combines universal condom use with clients and the systematic encouragement of periodic medical check-ups for sex workers. This project succeeded in incorporating the municipal directors of Environmental Health and the cadre of health inspectors to support 100% condom promotion through incentives and sanctions on the owners of sex-work establishments to encourage a consistent supply of condoms and support to the women for addressing condom-resistant clients. Incentives included donated supplies from SESPAS, including condoms and IEC materials as well as programmatic support. Sanctions included fines and possible revocation of business licenses.

Strategic Alliances

COIN succeeded in establishing alliances with state institutions through DIGECITSS (the General Directorate for Sexually Transmitted Infections and AIDS Control, which operates under SESPAS auspices) and the Environmental Health area of Public Health. The brothel owners, DIGECITSS, and COIN signed formal agreements to implement the 100% Condom Policy, which was a new breakthrough in formal collaborations around the sex industry.

The alliance with SESPAS achieved even better results, with the signing of nine agreements between COIN and SESPAS health centers (five in Santo Domingo, one in San Cristobal, one in Santiago, one in San Pedro, and one in La Romana) in order to establish a referral system among sex workers for medical check-ups and STI control. COPRESIDA has developed plans for the replication of this model in the coming years.

As a result of these agreements, two public clinics began offering specialized medical services to sex workers, with the assignment of two environmental health inspectors working exclusively for the project. This alliance opened the door to future joint efforts with the state.

IEC Activities

The two NGOs funded by AcciónSIDA already had an established base of IEC materials from previous phases of funding, and built upon this base by developing new materials in response to emerging issues and challenges. A new edition of the well-known Maritza comic was developed to focus on the issue of not using condoms with regular clients or partners, along with a variety of smaller topical brochures listed in the *Catálogo de Publicaciones* included in the appendices. During the life of the AcciónSIDA project, the following materials were produced and distributed:

Type of Material	# Produced	# Distributed
Information sheets : "D'Ambiente"	10	32,000
Newspapers: "New History"	10	60,000
100% Condom Policy printed materials	1	15,545
Comic: "Maritza"	1	10,000
Comic: "Mario"	1	Undocumented
Training manuals	1	500
Theater scripts	5	Not-Applicable
Brochures: Promotion of 100% Condom Policy	3	15,000
Promotion posters: 100% condoms	1	1,500
Promotion stickers: 100% condoms	1	2,500
Health Messenger Manuals	2	580
Promotion posters: STI Services	1	200
Service Promotion posters	1	200
Information sheets: Promotion	1	100
Cassettes: Prevention messages	1	75
Diplomas	1	250

Tee-shirts	1	120
Promotion calendar	1	400
Promotion stickers	1	2,000
Institutional folder: "Let's go forward"	1	1,000

Results

The documented results of these projects combine expected achievements with some surprising reversals that have generated heated debate about why. The projects utilized proven methodologies that had already obtained high levels of risk perception and condom use in areas of previous intervention. The replication of this methodology to new areas proved to be challenging, due to the need for obtaining local support for the programs from the brothel managers as well as local health authorities. In municipalities where strong leadership was engaged successfully, the programs did well. However, several of the initial replication municipalities were terminated during the project because of a lack of support or resistance to allowing the programs to operate. In the case of San Francisco de Macoris, operations were ceased during the first year due to the introduction of a new style of brothel that included illegal drug sales and consumption. These brothels were not accessible to the program because of the presence of illegal activity (beyond the tolerated prostitution).

Quantitative Process Results

Expansion of Information and Training	
Number of consultations with sex workers	7,420
Number of volunteers trained	2,466
Persons Reached	
Number of sex workers	2,466
Number of general population	28,873
Condoms Distributed	
Number of condoms distributed	93,606

Quantitative Outcome Results

The KAPB was implemented within the target population of commercial sex workers among a sample of 401 for a baseline survey in 1999 and a post-project comparison sample of 400 in 2002. Results related to sub-indicators were as follows:

Sub-Indicator: Percentage of target population that perceived moderate or high risk of acquiring HIV/STI infection:

Target	BASELINE 1999	POST 2002	PROJECT GOAL	Accomplished
CSW	42.4%	40.0%	60.0%	Did not meet numeric goal

Sub-Indicator: Percentage of target population that consistently used condoms during sexual activity during the last three months:

Target	BASELINE 1999	POST 2002	PROJECT GOAL	Accomplished
CSW	39.9%	82.0%	50.0%	Exceeded numeric goal

Qualitative

Several highlighted accomplishments worth mentioning from these projects are not reflected in the numbers reported:

- The 100% Condom Policy was implemented by both NGOs with significant support from brothel owners and the health authorities, and is now supported by COPRESIDA as a model for national replication.
- The condom-marketing network was reinforced and established in the zones of the project by the two NGOs, despite a chronic undersupply of condoms from donors and the public sector.
- Several new organizations in Villa Altagracia and San Pedro de Macoris were trained to implement the Avancemos model in their areas and can now do so independently.
- A new cadre of peer “health messengers” was trained in all the work zones in response to the growing new and younger population of sex workers. The “veterans” from the earlier days of the projects have graduated to being health education trainers and theater intervention actors.
- COIN and CEPROSH were able to gain the support and active involvement of brothel managers in selling condoms and promoting periodic medical checkups.
- This pilot of the 100% Condom program showed the need to expand a structural strategy that includes the cooperation of the government, health authorities, and brothel managers and owners. This strategy integrates the interventions into the health system and shows the potential of ensuring program continuity.

- The inclusion and participation of men involved in the sex industry in the training and awareness-building process appears to have engaged their commitment to the success of the project.

Challenges and Lessons Learned

- The evolution of modalities and venues for sex work (in massage parlors, big hotels during the weekend, the “beepers” girls, etc.) result in the need for adaptation of interventions in creative ways.
- Certain areas of the country outside the existing areas being addressed with interventions for CSWs show an increase in sex work activity, such as San Pedro de Macoris, Barahona, the hotel zone of the Eastern Region, Nagua, and Sosua. These areas will require increased efforts in the coming years.
- The use of drugs among sex workers is an increasing problem and must be addressed, as it negatively affects the health of these women and their decision-making capability. Drug dependency will seriously compromise progress in empowering the sex workers to take control of their lives, and will loom as a major challenge in the coming years.
- The prevention work performed with the sex workers population has been based on the “equal-to-equal” strategy, by which those in charge of approaching the target audiences are their “peers.” However, the goal could not fully be met, as some of the leading messengers were much older than the increasingly younger women entering sex work.

Recommendations

- The lack of medical personnel well trained in the performance of STI checkups to support these interventions needs to be addressed. This is a basic service that must be provided for the sex workers, and success of the projects depends significantly on the inclusion of this intervention. One of the requirements for the expansion to new places should be that implementers broker commitments from health authorities for these services if they cannot provide such services within their own organization.
- The concept of mobile clinics must be reviewed, as the work performed was limited to ambulatory medical checkups. In addition, the conditions and procedures followed for the checkups must be reviewed, in view of the new norms of STI care, as well as the integral concept of the checkups, rather than just taking samples to test for STI.
- The strategy of training new organizations (NGOs or community-based organizations) in each of the new work zones is key to sustainable expansion. The result is that these

organizations can take over activities at a community level with the general population. Nevertheless, working with sex workers in bars and cabarets requires a much more complex and specialized set of skills and sensitivities, due to the stigma with regard to sex work. Replication took longer than expected, and there is a need to reinforce and repeat the trainings to maintain quality. These organizations, in addition to being trained in HIV/AIDS and methodological strategies, should receive skills and capabilities to obtain resources, develop materials, and meet other needs in order to really carry on the work with minimal follow-up.

- When the institutions establish mechanisms to expand the projects to other geographical areas, it is necessary to also look for the best way to decentralize some of the logistic aspects related to the interventions in order to reduce the dependence on personnel working in the Santo Domingo office. One way to accomplish this is to assign coordinators in each new zone or region so that closer and more regular supervision can be maintained without the cost and time of travel.
- For future interventions, the prevention/education work should be further extended to the men involved with sex workers.

CHAPTER VI

Target Audience: Men Having Sex With Men

Stigma, phobias, and misunderstanding contribute to many challenges in addressing HIV/AIDS and STI among the population of men having sex with men (MSM). Amigos Siempre Amigos (ASA or Friends Always Friends) is one of the pioneer NGOs working to address HIV/AIDS in the Dominican Republic since the mid-1980s and works specifically with the MSM target population. The ASA project is based on a community development strategy for HIV/AIDS/STI prevention using a variety of methodologies including outreach, health talks, workshops, informational impact activities, and creation of support groups and interest groups. The methodology implemented was originally designed in San Francisco, California, and adapted for the Dominican Republic by ASA.

This project was targeted to men having sex with men within a range of identities (gay, bisexual, transgender, and heterosexual identifiers who regularly seek sex with other men). In the first phase of funding the project focused on all sub-groups under the broader umbrella of MSM. The second phase included an added and more intensive focus on bisexuals and transgender individuals because of the increased challenge of reaching and engaging these populations in the programs.

A major challenge for ASA has been to identify a network of MSM-receptive service providers for a wide spectrum of emotional, clinical, and support services. HIV-positive (HIV+) MSM face an added challenge, as phobias and stigmas related to HIV serostatus merge with the prejudices that MSM already face in their daily lives. ASA included emotional support groups as part of its methodology to foster a safe environment for its community, and focused additional attention on building a network of “friendly” service providers to whom their clients could be referred. Active relationships were developed with the Centro Sanitario of Santo Domingo as a safe place to seek health and clinical support. While no services were paid for directly by the project, the organizational base of the project served to create the network of services in both public and private practice settings.

Prevention Activities

The AcciónSIDA-supported project for MSM began with a review of past experiences and a series of focus groups for each segment of the MSM population. Based on this assessment, ASA concluded that the differences in behavior, venue, and lifestyle were significant enough that each group needed to be engaged separately in the interventions. In addition, this required the development of specialized IEC materials for each sub-group of the MSM population. The underlying principles and strategies for the project included:

- Adaptation of the methodology tested originally with the gay population
- Separate materials for each population
- A “peer to peer” methodology in field work

- Inclusion of a sexology specialist in program development
- A support group space for reflection and self-analysis
- Support groups for employees as well as clients
- Identification of traditional places frequented by the gay groups.

Policy

The focus of ASA's policy work was on discrimination and homophobia, or "taking homosexuality out of the closet." This included participation in national events, such as the International Book Fair and the celebration of the International Day of Gay and Lesbian Pride. A focus on developing media contacts to maintain an awareness-building momentum through the press was also utilized.

Strategic Alliances

ASA is a member of the Latin American and Caribbean Council of Organizations Dealing with AIDS (LACCASO) and the Task Force on MSM for Latin America. This helped it to facilitate some new international financing resources and a leadership position in the Caribbean region as an institution specializing in HIV/AIDS prevention and care among MSM.

ASA evolved to be a source of expertise in the region. It assisted the Cuban National AIDS Program with the program replication and training of approximately 100 men and more than 50 technicians of the Cuban Ministry of Health (with UNAIDS funding).

UNAIDS selected the project as one of the ten best in the world in the international campaign of 2000.

IEC Activities

During the life of the project the following materials were produced, examples of many of which can be found in the annexed *Catálogo de Publicaciones*:

Type of Material	# Produced	# Distributed
Awareness Folder: "Podemos"	1	500
Human Rights folder	1	500
Prevention and solidarity posters	3	4,000
Invitation cards	2	10,000
Safe sex brochure	1	3,171
Self-esteem brochure	1	3,172
Promotion pamphlets	1	9,995
Three-page leaflet: "You already know the ten answers to face the AIDS epidemic"	1	Undocumented

Information leaflet: "It's time to inform you"	1	Undocumented
Brochure: Prevention	1	5,000
Bulletin "D'nosotros"	3	3,000
Methodological manual	1	100

Results

Quantitative Process Results

Expansion of Information and Training	
Number of peer educators trained	165
Persons Reached	
Number of MSM	11,542

Quantitative Outcome Results

The KAPB was implemented within the target population of MSM among a sample of 104 for a baseline survey in 1999 and a post-project comparison sample of 100 in 2002. Results related to sub-indicators were as follows:

Sub-Indicator: Percentage of target population that perceived moderate or high risk of acquiring HIV/STI infection:

Target	BASELINE 1999	POST 2002	PROJECT GOAL	Accomplished
MSM	22.8%	14.3%	52.0%	Decreased

Sub-Indicator: Percentage of target population that consistently used condoms during sexual activity during the last three months:

Target	BASELINE 1999	POST 2002	PROJECT GOAL	Accomplished
MSM	41.5%	95.9%	55.0%	Exceeded numeric goal

Sub-Indicator: Percentage of target population that had only one sexual partner in the last year.

Target	BASELINE 1999	POST 2002	PROJECT GOAL	Accomplished
MSM	20.6%	67.0%	30.0%	Exceeded numeric goal

In assessing the impacts documented by the KAPB, it is important to look at the results under each sub-indicator within the larger overall context. Specifically, on first review, a decrease in the percentage of individuals who perceived moderate or high risk for HIV infection among the target population might cause concern. However, when viewed with a recognition of the fact that the same sample demonstrated substantial increases in consistent condom use (41.5% in 1999 to 95.9% in 2002) as well as a substantial increase in the reduction of multiple partners, it is reasonable that the target sample would perceive a decreased level of risk, a perception that reflects the reality of their behavior change.

Qualitative

- ASA made great strides in consolidating the lessons from its earlier interventions into the broader spectrum of activities in this phase. At the same time, the NGO was able to foster a broader general public awareness of the many issues related to MSM populations. By breaking new ground in successfully engaging and creating supportive environments for acutely marginalized sexual minorities, ASA has begun on a pilot scale what will continue to be an important area for HIV prevention as well as broader human rights issues.
- ASA has successfully been able to integrate international issues and strategies into its local programs by actively participating (via the Internet and international meetings) in the sharing of information and program lessons.

Conclusions and Lessons Learned

- The intervention “Stop AIDS” was the only intervention for the prevention of HIV/AIDS/STI addressed to MSM being implemented in the Dominican Republic during the AcciónSIDA project period. This intervention is based on a work methodology that showed its success in getting the members of this population involved in the search for an answer to the problems of HIV/AIDS/STI. It includes a series of educational materials tailored specifically for these populations. Nevertheless, with regard to the future, this intervention faces many challenges.
- The first challenge is to maintain specific intervention methodologies and strategies for the different sub-populations existing in the MSM population, such as bisexual sex workers and transvestites. Each of these sub-populations has unique characteristics that must be addressed in any intervention that is to have an impact.
- The second challenge is to expand or reproduce the interventions in other geographical areas of the country from the pilot scale that has been limited to the National District. While ASA has begun to build support networks in some new areas (such as Santiago and Azua), additional work is required to reach the level of impact obtained in Santo Domingo.

Recommendations

- For the interventions with transvestites and bisexual sex workers, the educational personnel must be representative of this population, in keeping with the “peer to peer” strategy. Building a cadre of trained peer educators in each group has been complicated by the difficulty of identifying the capacity and skills.
- Based on high levels of substance abuse identified within the target population, it is highly recommended to include topics regarding the use and abuse of addictive substances in the educational program.

CHAPTER VII:

Target Audience: Rural Women

Over the past decade, increased focus on the high vulnerability of women to HIV/AIDS infections has occurred, along with recognition of the need to address the complexity of factors grouped under the heading of “gender” issues. Risk factors are many, and include economic inequality, infidelity and abusiveness of their partners, biology, and the particularly risky conditions of sex work. The Dominican Foundation for Advocacy and Social Action (PROPAS) proposed the following project to AcciónSIDA for implementation between October 1998 and October 2000: “Prevention of STI/HIV/AIDS in women of reproductive age in the province of Elias Pina.” The proposal was to pilot a project to explore the particular issues faced by rural women in the southwestern border region of Elias Pina in dealing with HIV/AIDS with their partners.

A high level of trade of all types with Haiti characterizes the southwestern region of the country. The result is that youth of both sexes, from a very early age, are dedicated to trade activities without having completed their elementary education. Young women are often forced into situations that lead to sex work due to economic conditions, early pregnancy, abandonment, or being kicked out of their parents’ homes. The existence of poor health infrastructure in these areas contributes to the risk profile these women face.

Project description: This project aimed to increase knowledge and lower risk behaviors among rural women. The core of the project was focused on training a network of existing health promoters throughout the sparsely populated Elias Pina province, focusing on basic HIV/AIDS and STI prevention as well as partner negotiation skills. Additional public awareness activities complemented this strategy.

Prevention Activities

Key project strategies included:

- Training of community leaders
- Media campaigns (radio) for the diffusion of the information
- Creation of a provincial network of women multipliers for education
- Generation of a provincial network of fixed posts for the distribution of condoms.

Training was offered through workshop courses and mini-workshops to create a network of multipliers. In addition, special workshops for the male partners of the volunteer multipliers were developed. The program also utilized house-to-house health education visits.

Six fixed points of condom distribution were created, for distribution throughout the communities of Elias Pina. SESPAS provided the condoms.

Educational materials that were designed, produced, and distributed in support of the project included radio spots, posters, brochures, reproduction of the National AIDS Law guide, and information addressing domestic violence.

Unlike projects described in previous chapters for other target populations, this project did not include a policy component.

Strategic Alliances

PROPAS negotiated the support of the municipal government authorities to provide significant support for the activities of the project. Support included donated supplies, participation of medical personnel in training, and use of meeting spaces. An agreement was signed between the Provincial Health Directorate and the institution executing the project.

IEC Activities

During the life of the project the following materials were produced, examples of which can be found in the annexed *Catálogo de Publicaciones*:

Type of Material	# Produced	# Distributed
Radio spots	5	12 cassettes
Information guides	1	1,000
Promotion posters	1	3,000
Promotion stickers	2	3,000
Promotion bands	4	4
STI manuals	1	50
Prevention brochures	3	30,000
Brochures on rights	2	6,000
Prevention blankets	3	90

Results

Quantitative Process Results

Expansion of Information and Training	
Number of volunteers trained	2,051
Persons Reached	
Number of women of reproductive age	11,484
Number of general population	2,251

Condoms Distributed	
Number of condoms distributed	75,000

Quantitative Outcome Results

The results of this project were limited in scale due to the rural topography covered and the project's short duration. Nonetheless, results demonstrate significant progress in increasing awareness of HIV risk factors with 93% to 99% of the respondents correctly identifying risk factors and preventive behaviors in the final KAPB. Reported willingness to use a condom in all sexual relations rose from 43.9% to 53.2%. Actual condom use, however, remains very low (between 3% and 5%) due in large part to access issues and partner resistance.

Qualitative

- It was necessary to include training for 150 men related to the Volunteer Leading Multipliers, partly because the men appeared not to trust what the women were going to learn about. This changed the dynamic of the sessions dramatically, and actually seemed to spark a level of frankness about gender relations that may have been an unplanned bonus in the project. There was a realization that to really change the dynamics between rural couples, a focus on interventions for men needed to be developed.
- The Network of Volunteer Multipliers became the primary responsible resource for spreading the prevention intervention, since there were no other resources for this in the rural area.

Conclusions and Lessons Learned

The rural women project in the Province of Elias Pina made notable impact in the region, as there was no other project in the area working on this subject. The lack of organizational capacity in the region required that the training teams for the project made frequent trips from the capital (five hours away), which became a drain on project time and energy. Efforts to identify and recruit local resources continued to be difficult throughout the life of the project, and was one reason the project was not renewed after its first phase of funding.

Recommendations

- A project on the prevention of HIV/AIDS for women must consider as a priority strategy the need to address gender inequality, and should identify effective strategies to deal with these issues. In this context, it is important to view the IEC strategy with an eye toward establishing educational messages sorted by gender and age, as the project integrated the work with women, men, and youth.

- Future efforts must establish new educational strategies to narrow the gap between level of knowledge and attitudes related to risk behaviors with actual practices. Furthermore, efforts should concentrate on the existing attitudes, myths, and taboos regarding sexuality, as these topics are not dealt with in other channels in rural areas.
- Successful efforts will require the establishment of a system to supervise and provide feedback on the development of educational lectures in the community, assisting the multipliers in improving their execution.

CHAPTER VIII

Target Audience: Hotel Workers

The average age of hotel workers in the Dominican Republic is between 20 and 35. This age range closely correlates with reproductive age and with the ages most highly impacted by the HIV/AIDS epidemics. In addition, hotel workers are at elevated risk for HIV/STI infections, as they usually are from the rural zones of the country with lower education levels, lower HIV awareness, and limited access to health services. The workers tend to be employed in service and hospitality jobs that result in frequent contact with tourists, and many enter into sexual contact with a series of changing partners (both tourist and co-workers). A baseline survey conducted under AcciónSIDA indicated that 74% of this target population had sexual relations with tourists, of whom 64% did not wear a condom regularly and 33% would not wear a condom at all.

An additional challenge in the hotel industry is the widespread practice of forcing candidates and existing employees to take an HIV blood test, and then using the results of the test to terminate or not hire HIV+ persons. While this practice violated existing law, it was highly prevalent within this industry. The practice effectively blacklisted the HIV+ community from any employment directly related to the hotel industry, and became a focus of advocacy and awareness efforts.

To address this target population and their high level of risk, AcciónSIDA funded Centro de Promoción y Solidaridad Humana (CEPROSH) to implement the following project: “Educational intervention on HIV/AIDS/STI in the Hotel Sector of the Eastern and Northern Region of the Dominican Republic.”

Project Description: The project was focused on the population of employees, managers, and/or owners of the hotels located on the northern coast of the country, which has one of the country’s highest rates of HIV infection. The goal was to contribute to the reduction of risky sexual behaviors among this population.

This project was implemented from March 1998 until September 1999. The project was a third phase of USAID-supported financing, building upon previous phases that had shown that it is possible to do HIV prevention in the hotel industry without raising conflictive “anti-tourism” issues. This phase had a particular mandate to market the intervention to hotel managers so that long-term sustainability could be achieved. This aspect of the project proved to be the most challenging, since hotel managers were resistant to paying for a program that had previously been free to them. Additionally, the tourist industry in this area suffered a long period of dramatic reductions in visitors as other regions in the country developed with newer and more attractive facilities. The project was not renewed after its first phase because of these factors.

Prevention Activities

The educational interventions focused on food and drink servers, activities/entertainment staff, housekeepers, and casino and maintenance workers. The purpose was to reach this audience through educational interventions, with the cooperation of the hotel managers, so that the prevention of HIV/AIDS would become a priority for those working in this industry. Prevention activities were implemented under agreements with the general managers and human resource managers of two hotels at the tourist complex in Playa Dorada.

An interesting new dimension of the project included outreach into the community adjacent to the hotels through a series of workshops on the use of condoms, addressed to taxi drivers, employees in barbershops and beauty parlors, truck drivers, and employees in duty-free zones. These secondary populations are in frequent contact with tourists and often serve as referrals to the local sex establishments in town.

Prevention implementation strategies included:

- Sale of educational packages to the managers of the Duty-Free Zones of Santiago,
- Training of health messengers,
- Educational days in the hotel chains,
- Workshops on handling and use of condoms for taxi drivers, employees in beauty parlors and barbershops, truck drivers, and employees in duty-free zones,
- Promotion of STI diagnosis and treatment among employees,
- Community workshops.

Policy

Policy work for this project focused on developing a supportive relationship with the Under-Secretary of Tourism to stimulate formal hotel agreements with CEPROSH to supply education, STI screening and treatment, and training in HIV/AIDS. In addition, follow-up efforts with hotel managers focused on the sale of educational packages as part of the efforts to increase their awareness on the importance of having a workplace HIV/AIDS program.

Awareness building of the National AIDS Law and its prohibition of screening and firing of HIV+ employees was a major focus under policy efforts for this project. CEPROSH took part as an institution in two meetings with human resources managers of the two hotels located in Puerto Plata on behalf of two hotel employees who tested positive for HIV, and succeeded in persuading the hotels to keep the employees on the payroll.

Strategic Alliances

As an extension of the ongoing collaboration between CEPROSH and COIN established to address the sex industry (and described in Chapter V), both institutions also established an alliance to provide coverage for the population related to the tourism industry. CEPROSH was specifically funded to address this target audience. Through collaboration, CEPROSH took over the northern zone, while COIN took responsibility for the hotels in the city of Santo Domingo. This alliance included shared materials and methodologies.

IEC Activities

CEPROSH organized several meetings with local media to build awareness on HIV/AIDS prevention efforts in the province. The magazine *Coffee Break* published articles on the prevention of HIV/AIDS, and CEPROSH distributed those articles, free of charge, in the hotels.

Six radio and two television programs were produced to sensitize the population of Puerto Plata on the current status of HIV and reinforce the use of condoms. Educational pamphlets were prepared on the problem of AIDS in the Dominican Republic. Examples of IEC materials developed can be seen in the annexed *Catálogo de Publicaciones*. Materials produced for this target population included:

Type of Material	# Produced	# Distributed
Hotel project folder	1	500
Educational pamphlets	1	1,000
Prevention brochures	2	11,000

Results

Quantitative Process Results

Expansion of Information and Training	
Number of health messengers trained	19
Number of volunteers trained	54
Persons Reached	
Number of hotel employees	5,069

Outcome Results

A post-KAPB was not conducted for this project due to its short duration, the high employee turnover in the hotel industry, and therefore the likelihood that an end of AcciónSIDA project survey would not reflect meaningful measurements. The results therefore focus on the lessons learned from the project:

- CEPROSH was invited to expand project implementation through an invitation to train employees in three hotels in the distant Samana region on the northeastern tip of the country.
- A significant achievement was the signing of a supportive document with the Under-Secretary of Tourism, which for the first time supported HIV interventions in the hotel industry. This had been traditionally taboo for the Secretary of Tourism because of the perception that talking about AIDS would scare away tourists.

Conclusions and Lessons Learned

Although it is necessary to intervene in the hotels located in tourist sectors, there are many obstacles to address for intervention to be effective. The perception of corporate management was that HIV/AIDS is not a risk or a threat for hotel workers and does not affect the productivity of the company. They often considered it easier and cheaper to simply fire HIV+ employees, because of the abundant labor pool available and because of the perceived sensitivity of tourism to AIDS. Because of this point of view, the sale of educational packages and the expectancy of involving the corporate team in its financing was unsuccessful.

Recommendations

- It is important to emphasize awareness-building work with managers to make them realize the influence of the AIDS epidemic on the population of hotel workers and its economic effect. Success and long-term sustainability depend upon management's commitment to this idea.
- A different, more macro strategy is needed to create a tipping point for hotels to begin integrating HIV/AIDS issues as a basic employee education benefit and need. This would likely include a combination of cost/benefit analysis, leadership champions becoming more active on this issue, official incentives and sanctions to promote these programs, and ultimately convincing the industry that it is good business to deal with HIV/AIDS proactively.
- A political strategy should be developed with the Secretary of Tourism, in order to regulate the information and training procedures addressed to the employees.

- Compliance of the law with regard to the availability of condoms in the big hotels, both for tourists and workers, must be reinforced, as well as the law prohibiting employee discrimination based on serological status.
- Higher emphasis should be placed on the use of the “peer education” methodology to reach a higher population of hotel workers.

CHAPTER IX:

Target Audience: Industrial Workers

The Duty-Free Zones in the Dominican Republic employ almost 5% of the total Dominican workforce and represents 60% of the exports for the country. Of this workforce, 70% of the laborers are women. Workers in the industrial zones reported multiple sexual partners and only 47% indicated that they used condoms in their last sexual relations (CCAP, CESDEM survey, 1996). In addition, in this environment, men revealed risk factors that included visits to sex workers located in the vicinity of their companies. Within this target population, women are primarily employed for only high production seasons, and must deal with no employment or income during other periods. Many women reported that they solved their resulting economic situation by exchanging informal sex for money.

Two institutions undertook prevention of HIV/AIDS/STI in order to cover this high-risk population with a “Let’s Go Forward,” a major project with components for sex work and for industrial work. Both components took place in Santo Domingo and Puerto Plata.

NGOs Funded under AcciónSIDA to Work with Industrial Workers

1. CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL (COIN)

Project name: Work, Health and AIDS

Description: The project consisted of interventions for the prevention of HIV/AIDS/STI among workers within the workplace (industrial companies and duty-free zones) and sex venues (sex shops). COIN has wide experience in the urban zones of Santo Domingo, San Pedro de Macoris and San Cristobal, Santiago, and La Romana.

The project covered four areas: policy management, marketing/sustainability, training and education, and health services.

2. CENTRO DE PROMOCION Y SOLIDARIDAD HUMANA (CEPROSH)

Project name: “Let’s Go Forward: Extension of an Educational Model Addressed to Men and Women related to Prostitution from 12 Town Halls of the Northern Region and Industrial Workers of the Duty-Free Zone of Puerto Plata.”

Description: The project was focused on both men and women associated with sex work in 12 town of the northern region of the country. A part of this project was an intervention with the industrial workers of the Industrial Duty-Free Zone of Puerto Plata, due to its relation with the world of the sex trade and the high rates of seropositiveness for HIV/AIDS/STI in this population. The project was implemented between April 1998 and June 2002.

Prevention Activities

Prevention strategies for this target population included:

- **Political mobilization:** A sensitization process, through meetings with businesspeople, managers, and union leaders to promote the project and the significance of the prevention efforts;
- **Awareness building through the media:** Participation in radio programs, television, and interviews in newspapers;
- **Marketing of educational activities:** By purchasing educational packages to generate sustainability and awareness of HIV/AIDS prevention among managers in the industrial zones;
- **Peer education outreach;**
- **Training of two community organizations:** To reproduce the prevention messages of the project in the industrial sector of their respective zones;
- **Training of multipliers:** Training workshops for multipliers, reproducing the prevention messages in a more informal way in the workplace;
- **Educational fairs:** Extended days with theatrical skits, shows, and distribution of educational materials and condoms.

In addition to the prevention activities implemented, a care component included the promotion of clinical services such as STI treatment and HIV/AIDS care. Referrals for workers in the intervention zones to receive clinical care for STIs were provided.

Policy Work

The policy work for this target audience focused on awareness-building efforts with free trade zone managers and the media to promote proactive and comprehensive HIV/AIDS programs in the workplace, as described above. Additionally, staff from both NGOs participated actively in the thematic group (facilitated by INSALUD) on HIV and the Workplace, which was hosted by the Secretary of Labor.

Strategic Alliances

From the beginning of the project, COIN and CEPROSH had been working together to achieve better coverage and quality of the interventions addressed to hotel and industrial workers. The institutions exchanged experiences through a series of workshops. In those workshops, CEPROSH shared its strategies on interventions in the hotels while COIN presented methodologies to work in the industrial work zones. Both institutions gained experience on industrial and hotel work to expand their activities in Santo Domingo and Puerto Plata.

The NGOs established cooperation agreements with PROCETS and SESPAS in order to develop clinical care and educational programs, receiving support through these agreements to create a source of financial sustainability.

IEC Activities

Both institutions participated in radio and television programs and interviews in newspapers to sensitize and involve the private and labor sectors in the prevention of HIV/AIDS.

Additionally, specific materials were produced for the interventions that are described more fully in the annexed *Catálogo de Publicaciones*. Materials produced and distributed for this target population under AcciónSIDA included:

Type of Material	# Produced	# Distributed
Folders	1	35,260
Worker bulletins	8	48,000
Training manuals	1	129
Promotion pamphlets for distribution in the clinics	1	10,000
Brochure: Law: AIDS in the work place	1	15,000
Book: "Work, Health and AIDS"	1	800
Institutional Marketing Folder	1	300

Results

Quantitative

The project was able to demonstrate high levels of knowledge of HIV/AIDS/STI issues, with a range of 91.4% to 100% of respondents correctly identifying transmission modes and prevention behaviors. At the completion of the project, reported condom use remained low in this population (with only 12.2% reporting use in the last sexual relation) and reported willingness to use condoms was also low at 30%. Most of these respondents stated that they trust their partner as a reason for non-use.

STI/HIV/AIDS Management	
Number of consultations with industrial workers	1,514
Number of consultations with general public	14,908
Persons Reached	
Number of industrial workers	8,790

Quantitative Outcome Results

The KAPB was implemented among the target population of industrial workers and included a sample of 350 for a baseline survey in 1999 and a post-project comparison sample of 100 in 2002. Results related to sub-indicators were as follows:

Sub-Indicator: Percentage of sexually active target population who perceived themselves at moderate or high risk for contracting HIV/STI infections:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Industrial workers	30.3%	39.6%	25%	29.4%	40%	55%	Not accomplished

Sub-Indicator: Percentage of sexually active target population who consistently used condoms during sexual relations over the last three months:

	BASELINE 1999		POST 2002		PROJECT GOAL		
Target	Female	Male	Female	Male	Female	Male	Accomplished
Industrial workers	4.1%	9.2%	6.3%	14.7%	8.0%	15.0%	Increased, but did not exceed numeric goal

Again, as highlighted previously with the MSM population, it is reasonable that as awareness of HIV/AIDS and condom use increase, perception of risk decreases.

Qualitative Achievements

- Work agreements were signed with companies that covered the cost of the educational activities related to the prevention of HIV/AIDS. These activities were organized by COIN.
- COIN succeeded in earning the recognition and respect of many of the factories in the industrial zones of Santo Domingo, San Cristobal, and San Pedro de Macoris. The managing personnel of these industries were sensitized with regard to the problem of HIV/AIDS, its impact on the workplace, and the need to support the prevention programs. Some responded favorably by purchasing educational service packages and allowing the participation of their employees in the educational activities.
- COIN also succeeded in sensitizing the board of directors and the members of the port unions of Haina, San Pedro de Macoris, and Boca Chica. Through the activities addressed to this audience, such as the health fairs, the entity also succeeded in reaching the surrounding communities.

- The introduction of educational theater for preventive health awareness performed in open spaces around the duty-free and industrial zones proved successful in attracting interest and referrals to services.
- COIN was successful in organizing panel discussions for meetings and political lobbying with the industrial and labor sectors, the Coalition of AIDS NGOs, and the public sector on the prevention of HIV/AIDS.
- The alliance established with the labor unions of the industrial zones promoted favorable conditions that allowed the institutions to perform training tasks in combination with other health education activities.

Conclusions and Lessons Learned

- A higher investment should be made to engage businesspeople of the duty-free zones in an effort to build support among the managers for implementation of HIV/AIDS/STI prevention programs. The political and educational actions of the community surrounding the companies are very important for the success of the interventions in the work zones and sensitization of the managers.
- The sensitization of the industrial/business sector to become economically involved in HIV/AIDS/STI prevention efforts is a task that cannot successfully be addressed by NGOs alone. This responsibility must be assumed by broader institutions such as COPRESIDA, the Coalition of AIDS NGOs, and INSALUD, thus enabling COIN to focus its efforts on educational activities and the marketing of services for the laborers.

Recommendations

- The institutions working with training projects for the prevention of HIV/AIDS/STI in companies/industries must hire personnel specialized in marketing and sales functions. This avoids overloading the multipliers with this type of tasks and neglecting their educational work.
- Taking into consideration the high mobility of the workers of the duty-free and industrial zones, NGOs should establish an information system allowing the identification of skilled persons in each workplace who can educate new cohorts of workers as they come into employment.
- The industrial work component focuses on three different audiences: port workers, duty-free zone workers, and industrial workers. Due to difference in behavior, educational levels, and background among these sub-groups, each requires a different intervention strategy.

- The institutions that worked with these audiences must review their “equal-to-equal” strategy because many of those in charge of approaching the target audiences are not their “peers.” It is necessary to consider that the vast majority of beneficiaries from the project were men, such as union members, and, in most cases, the personnel responsible for the interventions were women.
- Health fairs represent a powerful strategy to engage a larger audience, promote services and information, and involve the population in follow-on activities. Nevertheless, they faced many logistic problems with obtaining sufficient educational and prevention-focused materials and supplies, and must be better supported to reach their full potential
- Recognizing the exposure of businesspeople to sophisticated promotional materials on a regular basis, there is a need for more suitable printed materials, in modern and attractive formats to build awareness and market services to fulfill the sales goals of including more HIV/AIDS programs.

CHAPTER X

Target Audience: People Living with HIV/AIDS

The AcciónSIDA project represented the first phase of USAID-supported efforts to address the growing needs of people living with HIV and AIDS. While program funds were restricted against providing clinical treatment services, activities that were supported included the establishment of support groups, provider networks, and raising public awareness of the experiences of people living with HIV/AIDS (PLWHA). The project invested in these efforts through two grants: the National Network of People Living with HIV (REDOVIH+) and the Clara Group, as complementary and linked sets of activities.

The goal of REDOVIH+, as a national network, was to expand and institutionalize a network of local support groups as the platform for developing and improving services for PLWHA.

The CLARA Group is a member of REDOVIH+. It developed a comprehensive model that included a secondary and tertiary preventive program for HIV/AIDS in the provinces of Puerto Plata, Santiago, Moca, La Vega, and Montecristi.

Program Activities

Pre- and post-test counseling service: A network of professional counselors trained in HIV pre- and post-test counseling was established through both REDOVIH+ and the CLARA Project. These services were provided through CEPROSH and REDOVIH+ and at Limardo Hospital in Puerto Plata, as well as in La Vega, San Francisco, Maternidad Nuestra Señora de la Altagracia, Maternidad San Lorenzo de Los Minas, Hospital Luis Eduardo Aybar, Subcentro Ciudad del Almirante, and Red Cross of Santo Domingo.

Prevention Activities: Prevention activities for this target population focused on opportunistic diseases in HIV+ people, through training talks and workshops. Training focused on self-care, personal health maintenance strategies, nutrition, and other health-supportive activities. More importantly, the formation of support groups often provided a first line of support for people who had lost every other support mechanism in their lives (including employment, family, housing, and social networks) as a result of being HIV-positive.

Medical consultations: SESPAS is technically responsible for the medical care of the uninsured population. In the case of HIV/AIDS, no treatment options were available through this system and were prohibitively expensive; all too often, SESPAS personnel would refuse to attend to HIV+ patients. The personnel had generally not been trained in the range of health conditions associated with HIV/AIDS. The Clara Project was able to establish formal relationships with assigned medical personnel from SESPAS in Puerto Plata, and eventually was able to establish a dedicated ward of the public hospital for AIDS patients. This is the first time that a SESPAS hospital had done this, and serves as a model for national replication. In

addition, the Clinica Munoz, managed by CEPROSH, established an integral care program that offered a range of services for related symptoms and illnesses.

To address a complexity of needs among PLWHA, a referral system was established in all the relevant areas (medical, social, and psychological) in the northern region of the country. In turn, the project was able to arrange for medical coverage for support group participants through existing clinical trial programs funded in the country.

Provider awareness and training: Training of medical personnel in handling HIV-positive patients was focused on two primary domains: (1) provider awareness and sensitivity training to care for positive patients, with techniques specific for this population, and (2) handling of opportunistic diseases in the hospitals Sanchez Limardo in Puerto Plata and Cabral and Baez in Santiago. Additional sensitivity activities took place at the Regional Hospital de la Vega, Cabral and Baez de Santiago, and the Provincial Hospital of Moca.

Psychological counseling and support groups: Psychological support services were provided through support groups, managed by the patients themselves, and supported by behavioral professionals. Also, an individualized emotional support service was offered to HIV-positive people and their families by two psychologists in Puerto Plata who were appointed to reinforce counseling services.

The support groups also served as the backbone of the Clara model, and have been replicated in several other REDOVIIH+ sites. These groups were organized and run by the HIV-positive community, and serve as the first line of support for people recently testing positive, as well as for HIV+ people from rural areas who were coming into the city with specific needs. Arrangements for temporary housing and food were made available through these groups, and they served as an informal case management base as needs and challenges among PLWHA were identified. Several new support groups were created due to increasing numbers of participants and to preserve the ideal number of no more than 30 participants in each group.

Two lines were opened for the creation of a special information hotline in Puerto Plata and Santo Domingo. These hotlines provided crisis counseling, basic information, and referrals to other organizations as needed. A legal counseling service was established in Santo Domingo with a pool of volunteer lawyers who provide assistance with employment and other issues.

Policy

The projects funded to work with PLWHA accomplished some of the most important policy-level changes of the past six years as they identified and addressed emerging issues and challenges. Through Clara and REDOVIIH+, PLWHA have truly gained a political space nationally. These projects have contributed significantly to a national understanding and acceptance of PLWHA. Highlights of policy achievements include:

- REDOVIIH+ members were engaged in most national forum events on HIV/AIDS issues, INSALUD's thematic groups, the human rights campaign, and finally were

assured a formal seat on COPRESIDA by presidential decree. Active involvement in the National Coalition of AIDS NGOs also provided additional avenues for policy and advocacy efforts.

- Participants of these projects became active in advocacy and public awareness about Public Law on HIV/AIDS 55-93. The work in this area was performed through the media and several events focusing on the observance and respect of the law, above all at the labor and medical level.
- Access to ARV medications was significantly increased as a result of REDOVIIH+'s efforts to convince the Dominican generic pharmaceutical industry to produce ARV medicines locally at low cost. The initial medicines were made available at 40% of the cost of the international name brand products, and resulted in Merck and Glaxo announcing discounts of 90% and 80% respectively soon after generic production began. While the cost of treatment is still prohibitive for many low-income people, it has dramatically changed the economics and potential for accessible treatment.
- To obtain health materials and medications, agreements were reached with Dominican and Latino Organizations in New York and with the Spanish Government and the municipality of Zaragoza (Spain).

Strategic Alliances

At the beginning of the project, an agreement was reached with the Dominican Red Cross for the donation of monthly food rations for the volunteer educators. CLARA, together with the Ricardo Limardo Hospital and the Medical Center of Puerto Plata, were in charge of the follow-up of the pilot program on vertical transmission.

The alliance, with 10 hospitals in Santo Domingo and Puerto Plata, resulted in access to physical spaces for meetings of support groups and the installation of an office for the operations of REDOVIIH+ in the medical infrastructure.

An agreement was signed also with the Provincial Health Directorate for monthly supplies of essential medications through the Essential Medication Program. Agreements were also reached with different clinical and pharmaceutical organizations for the donation of medication and analysis procedures. Finally, an inter-institutional agreement was signed with UNICEF, to make UNICEF's Vertical Transmission Project accessible to pregnant women in the CLARA project.

IEC Activities

Examples of materials produced for PLWHA can be viewed within the annexed *Catálogo de Publicaciones*. Materials produced and distributed included:

Type of Material	# Produced	# Distributed
Brochures addressed to HIV+ persons	8	17,000
Institutional Brochure: REDOVIIH+	1	20,000
Folder: Self-care	2	5,000
Training manual	1	500
Promotional poster	2	3,000
Bulletin: Clarifying	8	7,600
Institutional bulletin of the support network	6	6,000
Bulletin: Positive	2	2,000
Stickers: Clara Group	1	25,000
Radio spots	4	30 cassettes
Brochure: Self-support groups	2	40,000
Brochure: Law 55-93	1	10,000
Script: Theater play	1	Not-applicable
Advocate directory	1	Undocumented

The four radio spots highlighted within the IEC materials table above were each placed for 15 spots times and focused on the following:

- “The key is the information,” targeted to the general population;
- “If you have been exposed, why not find out?” targeted to the general population;
- “If you are pregnant, you’d better know,” targeted to pregnant women;
- “Protect yourself and do not reject infected persons,” targeted to youth and adolescents.

The eight brochures targeted to HIV+ persons included:

- Infection by HIV and AIDS
- Answers about HIV infection
- Daily life and HIV
- Nutrition and HIV
- HIV and opportunistic diseases
- Woman, maternity, infancy, and HIV
- Living with HIV: Awareness and responsibility.

Results

Quantitative

Persons Reached	
Number of HIV-infected individuals	3,452
Number of HIV-affected individuals	1,048
Number of general population	10,444

STI and HIV/AIDS Management	
Number of clinical AIDS services provided	2,868
Number of pre- and post-HIV test counseling sessions	1,218
Number of psychological support sessions for the infected	1,622
Number of psychological support sessions for the affected	643
Number of referrals made	498
Expansion of Information and Training	
Number of volunteers trained	386
Number of referrals made	498
Condoms Distributed	
Number of condoms distributed	25,600

Qualitative

REDOVIH+ and the Clara Group have been pioneers in the work targeted to PLWHA in the Dominican Republic. These organizations have earned the respect and admiration of all sectors, which recognize their interventions as models for reproduction and expansion. These NGOs succeeded in obtaining a high level of cooperation from the public sector, physical space, and the support of medical center personnel for care activities and services to this population. In addition to the medical and emotional support services fostered, PLWHA received medication for opportunistic diseases, in accordance with their needs, and took part in educational and organizational activities that contributed to their physical and emotional health and the recognition of their rights.

Specific outcomes of the efforts included the following:

- Mobilization of HIV-positive people around a national network, including the integration of almost 800 people within 20 support groups;
- Social mobilization to sensitize and increase awareness in the community and among provincial authorities;
- Presence of REDOVIH+ in political decision-making spaces, as a member of the Boards of Directors of COPRESIDA, the Coalition of AIDS NGOs, and INSALUD;
- Public denunciation in cases of infringement of the rights of HIV-positive persons;
- Conceptualization of the project by PLWHA and the incorporation of support networks for the offer of care services for HIV-positive people;
- Implementation of street theater as an educational technique to increase support for PLWHA.

Conclusions and Lessons Learned

- The interventions targeted to HIV+ persons also face some challenges. The establishment and coordination of referral mechanisms with the NGOs working in the area of prevention continues to serve as a major challenge in this domain. Yet such coordination is critical as many NGOs play a role in identification of PLWHA.
- Although PLWHA play a significant role in the coordination and direction of the self-supporting groups, they are not necessarily trained or ready to counsel or advice on many crisis situations that arise.
- The creation of support networks at the community and family level represents a challenge for PLWHA. This work has been limited by the fear of PLWHA to disclose their seropositivity status, not only to key members of the community, but also to their closest relatives in fear of rejection and discrimination.

Recommendations

- The Clara Group programmatic approach has proven effective and its expansion is recommended. Nevertheless, in order to achieve this expansion, it is crucial that new leadership be developed to avoid burning out the existing leadership and to maintain the quality of the work. In addition, the structure of the support groups should be more independent and require less facilitation from project personnel.
- While decentralization of support groups is recommended, it is also recommended that a psychotherapist be involved in support groups for PLWHA and trained in HIV/AIDS counseling to reinforce or advise on the work of the self-support groups. In addition, it is necessary to produce methodological materials that can serve to enrich the work of the self-support groups.
- Efforts must continue to provide education and increase sensitivity among the general population to reduce the stigma towards PLWHA. In addition to media efforts, it is also important to create activities in the community to educate and sensitize.
- The support groups implemented by REDOVIIH+ operated quite differently from those of the CLARA Group. Specifically, because of their greater distance from the capital, the REDOVIIH+ groups suffered from less readily accessible and intense support. As such, REDOVIIH+ should consolidate and reinforce the support groups already functioning with regard to their organization/internal structure, before carrying on with the constitution of new groups.
- Qualitative research should be supported to build a better understanding of the attitudes and perception of the general population with regard to PLWHA. The results would serve to define more suitable strategies addressing stigma and discrimination.

CHAPTER XI

Rapid Response Funds

The Rapid Response Fund was created as an alternative to the larger NGO grants program in order to provide a responsive mechanism for supporting emerging efforts or short duration efforts considered to contribute to the overall project goals. A variety of activities were funded up to the US\$10,000 ceiling over the life of the project, and fell generally into the following categories:

- IEC activities such as development of printed and audiovisual materials, training workshops, and informative activities (forums, congresses, seminars, special date celebrations, etc.);
- Activities promoting coordination and cooperation between institutions;
- Short-term research complementing the projects financed by AcciónSIDA;
- Other activities that communities proposed in support of World AIDS Day or other public awareness events that did not involve paying personnel costs.

Procedure to Receive the Fast Response Funds

A simple application form was developed that requested a short description of the proposed activities, a budget with a counterpart requirement of at least 25% of the amount requested, and clear goals and objectives.

The request passed through a review and evaluation process, including the visit by technical personnel to the requesting organization to discuss the specifications of the activity.

These funds were ideally suited for smaller organizations that could not meet the funding requirements of the larger grants, and served as a way to get to know new organizations working at the community level.

The printed or audiovisual materials prepared were reviewed and approved by AcciónSIDA before final production, and the organizations were asked to grant the corresponding institutional credits.

Summary of Rapid Response Grants

The following table summarizes information about each grant awarded from the Rapid Response Fund, including when it started and the institution that carried it out, as well as the amount of the grant, the activity, and the target audience.

Start Date	Institution	Amount	Activity	Target Population
Dec. 1997	CEPROSH	RD\$15,000	World AIDS Day activities	General Population
Dec. 1997	Patronato de Lucha contra el SIDA (PLUS)	RD\$45,000	World AIDS Day activities	General Population
Jan. 1998	Patronato de Solidaridad (PASO)	RD\$88,000	"Reach Your Balance" HIV+ leadership training	HIV+ and network participants
March 1998	COIN, ASA, IDDI, and NGO AIDS Coalition	RD\$10,000	Participation in Dominican OB/GYN Conference: HIV Info	6 doctors and psychologists
Dec. 1998	CEPROSH/PASO/Genesis	RD\$144,500	National HIV/AIDS Conference "Sharing Alternatives"	Health and HIV/AIDS technical personnel
Dec. 1998	Amigos Siempre Amigos (ASA)	RD\$22,000	2 nd National Forum on Human Rights and Living with HIV/AIDS	Persons living with HIV/AIDS
Nov. 1998	Asociación para la Promoción de la Salud Pública (ASAP)	RD\$93,580	Breaking the Silence program for World AIDS Day	Youth, adolescents and general population
Nov. 1998	Servicio Social de Iglesias Dominicana (SSID)	RD\$57,334	Youth: Force for Change campaign program, World AIDS Day	Youth, adolescents and general population
Nov. 1998	COIN	RD\$56,000	100% Condom study support	Health promoter participants
May 1999	Universidad Evangélica Dom.	RD\$150,000	Printing of training modules	Youth and adolescents
July 1999	Patronato de Lucha Contra el SIDA (PLUS)	RD\$78,500	Publication of Haitian Migration Route study	General / press
Nov. 1999	CEPROSH, Clara Group	RD\$29,750	World AIDS Day March for Life	HIV+ and general population
Nov. 1999	PROPAS	RD\$19,945	World AIDS Day: Health Marathon Race	Women and general population
Nov. 1999	ODESA	RD\$30,450	World AIDS Day: Educational Encounters	Youth and families
Jan. 2000	Fundación Dom. Para la Promoción de la Salud (FUNDOPROSA)	RD\$100,025	Health talks and workshops in San Cristobal	Youth, parents, teachers, and Community

June 2000	Grupo de Investigación para la Acción Comunitaria (GRIPAC)	RD\$100,590	Community AIDS prevention in Capotillo, Simon Bolivar, and Gualeay	Community members
June 2000	NGO Alliance	RD\$164,000	Promotional catalog of NGO services: printing	National NGO Alliance members and clients
Nov. 2000	PROSOL	RD\$169,492	Creation of a peer education network in faith organizations	Youth and faith community members
Nov. 2000	ADOPLAFAM	RD\$162,100	Theatrical presentations on HIV/AIDS	Youth
Nov. 2000	ODESA	RD\$64,290	Theatrical presentations on HIV/AIDS	Youth, parents, teachers, and community
Nov. 2000	PLUS	RD\$53,900	Strengthening peer education networks	Community leaders in central provinces
Jan. 2001	MODEMU	RD\$108,820	Printing of book on sex workers; administrative strengthening	National organization of sex workers, public, press
April 2001	IDAC	RD\$15,000	Support for Institutional Strategic Planning Retreat	Staff of IDAC
June 2001	COIN	RD\$35,000	Summit meeting to evaluate 100% Condom Project	Staff of COIN
Oct. 2001	COPRESIDA	RD\$169,000	Support for physical habilitation of new COPRESIDA office space	N/A

CHAPTER XII

Conclusions and Recommendations

The previous chapters of this report included specific conclusions and recommendations from the population-specific strategies described in the NGO grant sections. This chapter provides overall conclusions and recommendations that integrate the collective lessons from AcciónSIDA grantees and the technical expertise of AcciónSIDA.

HIV/AIDS Services

- An integrated and multi-sectoral approach to addressing HIV/AIDS is essential to optimizing impact and use of resources. This approach applies equally to prevention, care and support, and policy areas, and requires continual facilitation and mechanisms for communication between sectors. The National Strategic Plan for HIV/AIDS (PEN) and subsequent leadership under COPRESIDA have adopted this approach as a fundamental one, and putting it into practice continues to be a leading priority (and challenge) for all implementing and supporting agencies.
- Use of peer methodology (the “equal-to-equal” approach) for prevention and support networks has continued to prove its value as a low-cost way to engage communities and individuals on a large scale. Fundamental values in such an approach include accepting target populations where they are in terms of lifestyle, values, and social profile without judgment, and emphasizing a focus on healthy lifestyles and empowerment.
- Integrated care for HIV-positive individuals is a fundamental starting point that requires partnerships and alliances between public health, social services, civil society, and communities. No one sector can be solely responsible, nor has enough resources to do the job alone. Each entry point in the network needs to be able to conduct a rapid assessment of each individual as he or she enters the service network, and to know how to make referrals to other services as appropriate. Consumer/client education is essential for this system to work well, to assure compliance and best use of the available resources, and to promote the best possible levels of care and wellness.
- Access to condoms through all possible mechanisms and programs is essential for all populations, and requires continued programmatic focus and collaboration between donor agencies, public sector authorities, and the broad network of organizations that have direct access to the target populations. Social marketing efforts need to be reinforced where possible, through both commercial and health promoter networks, and gaps where marketed condoms may not be viable need to be recognized and addressed (such as Bateye communities and prison populations). The 100% Condom Policy model has been applied successfully to the sex industry, and lessons from this

experience can be transferred to work with youth, Bateyes, MSM, and other priority program areas.

- Formative work with each population continues to be fundamental for program and material development, in order to assure appropriateness as well as ownership of the information. Where possible, it is most efficient to use or adapt existing materials for new populations, and this should be a fundamental strategy to take advantage of earlier investments. Validation of materials among new target populations through focus groups is a necessary first step to this expansion strategy.
- The sale of prevention services to private companies continues to be an important but underfulfilled strategy. Employment-based or -sponsored prevention and service promotion programs have fundamental advantages (including the benefits of having a captive audience, existing location and presence, and inherent employee subsidy of time and motivation). However, these advantages can only be harvested if employers are convinced and motivated (through incentives as well as sanctions) to participate and support basic workplace program components (access to prevention and services, non-punitive employment policies, and consistent application of the National AIDS Law). How to do these has been established; what is missing now is leadership to make these practices the norm rather than the exception.
- Program monitoring and evaluation activities need to be standardized and simplified in order to be useful and sustainable. SESPAS and COPRESIDA, by working together, can support this standardization, but must do it efficiently and collaboratively to have value. The benefits of doing so will be significant in terms of the quality and availability of new data that are essential to program planning, development, and implementation.

IEC and Training

- A national strategy for information, education, and communication (IEC) requires a combination of many diverse IEC tools (by population, media, technical content, literacy levels, and other variants within populations), as well as a sustained level of collaboration across networks. While many excellent IEC tools have been developed, they have almost universally been underutilized due to the limitations of initial funding levels for their development. COPRESIDA and the donor community can do much to expand the use of these resources by identifying and inventorying existing IEC tools and prioritizing them for replication; the annexed *Catálogo de Publicaciones* can serve as a first step in this approach. At the same time, a need continues to identify existing gaps for which new tools are needed. As treatment scenarios and behavioral trends change, there is an ongoing need to be on the lookout for new ways to address emerging challenges.
- Use of theatrical presentations for educational interventions continues to show untapped potential for engaging communities around HIV/AIDS and behavioral issues.

The engagement of amateur actors from the target audience to develop skits and scripts, to produce amateur plays, and to engage their communities has proven to be an excellent, penetrating, and low-cost way to expand participation at the community level. Street theater has been a good way to raise public awareness, deal directly with stigma and discrimination issues, and increase solidarity with the HIV-positive community. Provocative theater has proven to be a good way to get attention within sex industry venues, and to facilitate increased condom use with clients. The workplace has also proven to be a good place to engage an audience with theatrical presentations that then tie into more formal prevention/education activities.

- The combination of varied interventions utilizing a range of activities (such as community outreach, issues debates between target audience members, formal training workshops, and the support from mass media messages) has shown to be a good way to reinforce and expand the impact of prevention efforts.
- The *popular* style of educational materials developed in street language with commonly used terms, vivid illustrations, and less text that deal candidly with sometimes sensitive issues has proven to increase the lasting impact of IEC efforts. Topics need to be varied and integrated (such as issues like self-esteem, gender and development, safe sex, and sexual and reproductive rights of the adolescents) so they are seen as a part of life that the target population can see as its own.
- Training of health providers in technical areas such as STI management, testing and counseling, and management of opportunistic infections alone is not sufficient. These trainings must be accompanied by training in client relations and sensitivity training in order to improve client compliance and follow-up, as well as to encourage clients to access services.
- Creative and fun ways of engaging populations should be found in order to increase the genuine participation in HIV/AIDS-related activities. Amateur theater, the National HIV/AIDS Song Contest, the engagement of local television variety and talk shows, the expanded use of radio as a public forum, and the engagement of the advertising industry are proven approaches to making the HIV/AIDS response truly national and multisectoral.

Strategic Alliances

Strategic alliances involving well-defined working relationships with organizations or sectors not normally linked to HIV/AIDS-related efforts have proven to be an excellent way to expand and improve the quality and quantity of services available. Examples of such successes during the AcciónSIDA project included new relationships between NGOs and business, public health, education, faith and recreational organizations, and the mass media. These relationships are most successful when each side can point to a clear benefit, and when the goals of the collaboration are tied to the existing missions of each partner and play upon the natural strengths of each institution. Examples include the following:

- Alliances with other NGOs to increase geographical coverage;
- Alliances with community-based organizations to gain access and trust quickly of target populations;
- The alliance with SESPAS personnel and services to increase demand and access to their services, and increase consumer sensitivity, awareness, and understanding;
- Alliances with networks of community organizations (sports, faith, youth development, agricultural organizations, school committees) as a good way to replicate an approach across a wide scale while addressing the information needs of these networks;
- Alliances with SESPAS at different institutional levels (local, provincial, and national) to standardize and expand the way these services respond to populations with special needs (sex workers, HIV+ community, pregnant teens, etc.);
- Reinforced links with second-level structures, such as the Coalition of AIDS NGOs and INSALUD. The exchange of experiences between the NGOs and joint advocacy efforts have shown that much can change quickly when done as a group, such as the National AIDS Law, the National Youth Law, the dramatic reduction in the prices of ARV drugs, and many other accomplishments in recent years;
- As a special category of strategic alliance, recognition of Haiti as priority partner for engagement in strategic alliances and coordinated actions benefits both countries on HIV/AIDS and many other fronts.

Social Mobilization and Networking

- Social mobilization has been an effective strategy to sensitize and increase the awareness of key leaders at community, provincial, and national levels. Public denunciation of cases of infringement on the rights of HIV-positive persons, employment screening, barriers to participation in the National Book Fair, and the abuse of sex workers have been effective in mobilizing public opinion.
- Mobilization of HIV-positive persons through the national REDOVIIH+ network in the political decision-making process has provided a forum to meet key issues of stigma, discrimination, and pricing and access to services in powerful and effective ways.
- The creation of the National Youth Network on HIV/AIDS has included a network of multipliers, leaders, and volunteers between the ages of 14 and 24. This network has participated in education and sensitization of youth, training of youth and adolescents as leading multipliers, and assignment of roles at the community level. Training of the national network of youth on policy subjects has resulted in the drafting and support of the National Youth Law that passed the Dominican Legislature unanimously.

Policy

- Creating a mechanism for a neutral space for policy discussions has proven to be a key factor in promoting and advancing supportive HIV/AIDS policies. This approach complements the more advocacy-focused efforts fostered through social mobilization. Public leaders need to be able to engage in the discussion of policy alternatives in an environment of open discussion with leaders who represent all points of view. A sustained process of policy development can be tedious, and requires long-term commitment, but it ultimately yields a product that can be broadly supported, and eventually implemented. There is a symbiotic relationship between *advocacy* and *policy thematic groups*. This two-pronged strategy will continue to be crucial to the HIV/AIDS environment as the health sector reform and the new Social Security system are developed.
- The establishment of COPRESIDA as an umbrella council through which all key sectors related to HIV/AIDS can find a role has been a crucial step towards mounting a truly national response to HIV/AIDS. The pitfalls and challenges inherent in taking on such a large (and conflict-ridden) coordinating role between sectors that do not collaborate easily needs to be recognized. The efforts will need broad support from donors as well as the various Ministry levels. This central role cannot be played by a different structure, and will require significant support as COPRESIDA learns how to play its role smoothly.



Final Report – Annex1

NGO Grants Table 1997-2002

Prepared by the Academy for Educational Development
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PRIMER CICLO DE DONACIONES									
Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
98-13-31-002-SD	2,620,436	ADOPLAFAM Dr. Ramón Portes Tel. 809-238-5604; Fax. 809-238-5611	Proyecto Penetración no Tradicional en Prevención de Enfermedades de Transmisión Sexual y SIDA	Prevención de las ETS y SIDA	*Jóvenes (<i>principalmente</i>) *Adultos	150,000 jóvenes y adultos	<u>Región Este:</u> Santo Domingo San Pedro de Macoris La Romana El Seibo Hato Mayor La Altagracia	3 años: 2/26/98 - 2/26/01	Programa de Capacitación y IEC (incluyendo Presentaciones de Teatro); Distribución de Condones; Sistema de Referencia Clínica; y Grupos de Apoyo Comunitario.
98-13-31-003-SD	4,346,854	COIN Lic. Santo Rosario (<i>Luis Moreno-TRSX</i>) (<i>Ana Jiménez-Industrial</i>) Tel. 809-681-1515; Fax. 809-245-4336	Trabajo y Salud	Prevención de ETS/VIH/SIDA (<i>ambiente de trabajo: industrial y sexual</i>)	*Trabajador@s Industriales *Trabajadoras Sexuales	<u>Zonas Francas:</u> 45,000 mujeres 9,000 hombres <u>Lugares de Trabajo Sexual:</u> 1,050 trabajadoras sexuales	Distrito Nacional San Cristobal San Pedro de Macoris	2 años: 2/26/98 - 2/26/00	Programa de Política, Mercadeo de Servicios y Programas, Capacitación y Educación, y Servicios Clínicos de Salud; Distribución de Condones; y Campaña de IEC.
98-13-31-004-SD TRSX	1,598,933	CEPROSH (TRSX) Dr. Bayardo Gómez (<i>Lic. Yoanis R. Ferreira/ Director Interino</i>) (<i>Mirian Milanés de Castro-TRSX</i>) Tel. 809-586-8987 / 320-8717 Fax. 809-320-7614	STD/HIV/AIDS Model Replication Project in Sexual Workers & Men Associated with the Sex Industry in Five Provinces in the Northern Region of the Dominican Republic	Prevención de las ETS/VIH/SIDA	*Trabajadoras Sexuales *Clientes*Dueños de Negocios y Hombres Involucrados en la Industria del Sexo Comercial	4,500 trabajadoras sexuales 10,500 clientes 200 dueños de negocio	<u>Región Norte:</u> Monte Cristi Puerto Plata Santiago Valverde Monseñor Nouel	2 años: 3/13/98 - 3/13/00	Programa de Capacitación e IEC (incluyendo educación de igual a igual y teatro participativo); y Referimiento y Tratamiento de las ETS.
98-13-31-005-SD Hotele	673,520	CEPROSH Dr. Bayardo Gómez (<i>Lic. Yoanis R. Ferreira/ Director Interino</i>) (<i>Hector Jérez-Hoteles</i>) Tel. 809-586-8987 / 320-8717 / 520-8560 Fax. 809-320-7614	STD/HIV/AIDS Educational Intervention in the Hotel Sector of the Eastern and Northern Regions of the Dominican Republic	Educación en ETS/VIH/SIDA	*Personal Hotelero	5,000 emplead@s de hoteles	<u>Zona Norte:</u> Puerto Plata Sosua Cabarete <u>Zona Este:</u> Boca Chica Juan Dolio	1.5 años: 3/13/98 - 9/13/99	Programa de Capacitación e IEC (incluyendo educación de igual a igual, teatro y videos)

PRIMER CICLO DE DONACIONES									
Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
98-13-31-006-SD	4,322,763	CASCO/ PROFAMILIA <u>CASCO</u> : Elizardo Puello (Betania Betances/ Enc. del Proyecto) Tel. 809-685-6824 / 809-221-5509 Fax. 809-686-8516 <u>PROFAMILIA</u> : Lic. Magaly Caram (Rudolfo Coiscou/ Supervisor del Programa Jóvenes) Tel. 809-689-0141;	Communication for Adolescent and Youth Behavior Change in STD/HIV/AIDS Prevention	Prevención de las ETS/VIH/SIDA	*Jóvenes (14 a 24 años en barrios marginados de las zonas rurales y urbanas)	8,770 jóvenes directos (más 120 jóvenes de Red Nacional) 52,445 jóvenes indirectos	Distrito Nacional	2 años: 3/24/98 - 3/24/00	Programa de Capacitación e IEC; y Promoción de Políticas Públicas y Sociales.
98-13-31-007-SD	582,400	COALICION-ONG Dr. Sucre Carías Tel/Fax. 809-221-4877	Desarrollo y Fortalecimiento de las Respuestas Sociales en la Lucha Contra el SIDA en la República Dominicana	Políticas, Planes e Iniciativas sobre el VIH/SIDA	*Estado Dominicano *Sector Privado *Personas Viviendo con VIH *ONGs *Grupos de Base Comunitaria *Organismos de Cooperación Internacional *CONASIDA *Las Iglesias	Población General	Nacional	1 año: 3/17/98 - 3/17/99	Capacitaciones; Seminarios; Grupos de Trabajo en Política; Publicaciones, y Apoyo a Grupos y Redes Comunitarias.
98-13-31-008-SD	2,883,290	ASA Lic. Leonardo Sánchez (Geovanny Espino/ Gerente Educación) (Rafael Perreira/ Coord. de Educación) Tel. 809-536-8118; Fax.809-536-8172	Alto al SIDA	Educación en VIH/SIDA y Servicios de Apoyo	*Comunidad AGay®	5,600 hombres en total	Distrito Nacional	3 años: 3/30/98 - 3/30/01	Programa de Capacitación e IEC (incluyendo Actividades de Alcance); Grupos de Apoyo; Consejería Confidencial; Apoyo Emocional; Cuidado Domiciliario y Familiar; Terapia Psicológica; y Referimientos Clínico.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
99-13-31-012-SD	1,835,222	IDDI Lic. David Luther (Liliana Rocha/Directora del Dpto.de Salud) (Magdalena Jiménez/Coor. del Proyecto) Tel. 809-534-1077; Fax.809-534-1080	Atención Primaria y Autosuficiencia en SIDA	Prevención de las ETS/VIH/SIDA	*Jóvenes (13 a 24 años en 15 barrios marginados)	<u>Directos:</u> 120 jóvenes <u>multiplicadores</u> 2,400 jóvenes 60 maestros 60 médicos 125 miembros <u>Indirectos:</u> 13,000 jóvenes 1,000 miembros comunitarios 1,000 padres	Santo Domingo	2 años: 7/10/98 - 7/10/00	Programa de Capacitación e IEC; Distribución de Condonos; Red de Multiplicadores; Alcance de Padres, Escuelas y Comunidades; y Sistema de Referencia y Retro-Referencia para Servicio de Salud Integral de Adolescentes y Jóvenes.
99-13-31-013-SD	1,517,556	IDCP Dr. Huberto Bogaert (Dr. Rafael Alcántara/Coord. del Proyecto) Tel. 809-684-3257 / 684-3772 Fax. 809-681-7687; Cel. 809-1-301-8000	Manejo Sindrómico de las Enfermedades de Transmisión Sexual a Nivel de Atención Primaria en Salud-Región Suroeste	Prevención, detección, y cura de las ETS, y la promoción de la prevención del VIH/SIDA (Clínica de ETS y Centro de Referencia Regional y Laboratorio)	*Personal Tratante *Pacientes Clínicos *Población General y de grupos vulnerables (mujeres que acuden al servicio de salud reproductiva, trabajadoras sexuales, militares y reclusos)	Hay que estimar los beneficiarios de nuevo, modificando el marco lógico (20/5/99).	<u>Región Suroeste:</u> Azua San Juan Elias Piña Barahona Bahoruco Independencia Pedernales	2 años: 7/10/98 - 7/10/00	Programa de Capacitación e IEC; Distribución de Condonos y Medicinas; Detección, Referimiento y Manejo de Casos de las ETS; y Notificación de Parejas Sexuales.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
99-13-31-014-SD	Part I: 2,402,589 Part II: 1,993,717 Total: 4,396,306	CEPROSH <i>Grupo Autoapoyo Clara</i> Dr. Bayardo Gómez (Lic. Yoanis R. Ferreira/ Director Interino) (Miguel Goyannes/ Dir. del Proyecto Inma Mendoza/ Enc. de Educación) Tel. 809-586-1435;	Desarrollo de Programas de Prevención Secundaria y Terciaria en VIH/SIDA en Puerto Plata	Apoyo de VIH/SIDA	*Infectados y Afectados por el VIH	<u>Directos:</u> 1,500 personas infectadas <u>Indirectos:</u> 1,000 familiares y allegados	<u>Región Norte:</u> Provincia de Puerto Plata	3 años: Part I 7/10/98 - 7/10/01 Part II 7/11/01 B 4/10/02	Programa de Capacitación e IEC; Grupos de Apoyo de Personas con VIH y de Familiares; y Servicios de Apoyo Emocional y Médico.
99-13-31-015-SD	1,849,789	CIAC-ASAP (Centro de Investigación y Apoyo Cultural/Asociación para la Promoción de la Salud Pública) Dra. Josefina Padilla Lic. Mercedes Pérez Tel. 809-685-4171; Fax. 809-685-4174	Prevención de las ETS y VIH/SIDA en Adolescentes	Prevención de las ETS/VIH/SIDA	*Jóvenes (10 a 19 años en las escuelas públicas)	7,720 jóvenes 210 maestros 46 directores de las escuelas 12 técnicos escolares	<u>Región Suroeste:</u> Municipios de Vicente Noble y Tamayo	3 años: 7/10/98 - 7/10/01	Programa de Capacitación e IEC Escolar; y Alcance de Padres.
99-13-31-016-SD	1,826,946	MUDE Lic. Rosa Rita Alvarez (Dra. Gloria Acosta/ Coord. del Proyecto) Tel. 809-685-8111; Fax. 809-686-6360	Trabajando con Adolescentes para la Prevención de ITS/VIH/SIDA	Prevención de las ETS/VIH/SIDA	*Jóvenes (<i>áreas rurales</i>) (10-19 años)	<u>Directos:</u> 2,640 jóvenes <u>Indirectos:</u> 15,180 jóvenes	<u>Multi Provincial:</u> Peravia Azua Salcedo La Vega (segundo año) Monseñor Nouel Santiago Espaillat Valverde Santiago Rodríguez Monte Cristi	3 años: 12/01/98 - 12/01/01	Programa de Capacitación e IEC; y Red de Multiplicadores.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
99-13-31-016-SD	2,219,693	(Fundación) PROPAS Dra. Silvaní Gómez Tel. 809-688-5845; Fax. 809-476-7746	Proyecto para la Prevención de ETS/VIH/SIDA en Mujeres en Edad Reproductiva en la Provincia de Elías Piña	Prevención de las ETS/VIH/SIDA	*Mujeres de Edad Reproductiva (15-49 años)	1,800 mujeres	<u>Región Suroeste:</u> Provincia de Elías Piña	2 años: 10/01/98 - 2/28/01	Programa de Capacitación e IEC (incluyendo foros y radio educacional); Red de Multiplicadores; y Distribución de Condones.
99-13-31-018-SD	9,976,995	CASCO ALA Dominicana Lic. Simón Bolívar Terrero (Dr. José Aponte/ Coord. del Proyecto) Tel. 809-536-2212/2248 IDAC Antonio Florian Tel. 809-689-0123 CEPAC Luis Ellis Tel. 809-222-0023/0098 MOSCTHA Dr. Joseph Cherubin Tel. 809-687-2318	Prevención de VIH/SIDA y las ETS en Pobladores de Bateyes Azucareros de la Zona Este del País y el Distrito Nacional	Prevención y Apoyo de VIH/SIDA	*Residentes de 60 Bateyes *Infectados y Afectados por el VIH (Mujeres entre 14-49 años y Hombres entre 14-60 años)	<u>Directos:</u> 9,600 hombres y mujeres <u>Indirectos:</u> 48,000 hombres y mujeres	Alrededores del Distrito Nacional y la Región Este del País	3 años: 10/15/98 - 11/6/00	Programa de Capacitación e IEC (incluyendo educación de igual a igual); y Red de Apoyo Comunitario de Atención Primaria y a las Personas Viviendo con VIH/SIDA.
99-13-31-023-SD	3,553,295	REDOVIH+ Lic. César Castellanos Lic. Lisette Mendoza Tel/Fax. 809-682-9918 Bp. 809-412-8030 Unidad 996-3549 INSALUD Lic. Guillermo de la Rosa Tel. 809-472-3613	Expansión e institucionalización de la Red Dominicana de Personas que Viven con el VIH/SIDA	Apoyo de VIH/SIDA	* Infectados y Afectados por el VIH	<u>Directos:</u> 2,475 personas infectadas <u>Indirectos:</u> 18,400 personas afectadas	Nacional	3 años: 4/30/99 - 4/30/02	Programa de Capacitación e IEC (incluyendo seminarios y presentaciones culturales); Grupos de Autoapoyo de Personas con VIH y de Familiares; y Promoción de la Ley 55-93 sobre SIDA.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
252494-2B-001	4,028,254	COIN Lic. Santo Rosario, Director (<i>Francisca Ferreira-TRSX</i>) (<i>Mirna Belliard-Industrial</i>) Tel. 809-681-1515	Trabajo y Salud	Prevención de ETS/VIH/SIDA (<i>ambiente de trabajo: industrial y sexual</i>)	*Trabajador@s de zonas francas e Industriales, gerentes/empresarios; *Trabajadoras Sexuales y hombres involucrados en la industria del sexo	Componente Zonas Francas e Industriales: -17,400 trabajadores -392 gerentes/empresarios -13,800 población general Componente Trabajo Sexual: -13,220 TRSX -3,400 hombres involucrados en la ind. Sexual	Zonas de seguimiento: Santo Domingo, Santiago y La Romana, Zonas Nuevas: San Cristobal y San Pedro de Macoris	2 años: 3/1/00 - 2/28/02	Información, educación y comunicación para el cambio de comportamientos; gestión política para concietizar a sectores claves y mercadeo social de condones.
252494-2B-002	3,822,766	CEPROSH Dr. Bayardo Gómez, Director <i>Lic. Alexandra Lister, Coord. Proyecto</i> Tel. 809-586-8987 / 320-8717 Fax. 809-320-7614	Extensión de un Modelo Educativo dirigido a Hombres y Mujeres Relacionados al Trabajo Sexual en Cuatro Provincias de la Región Norte en República Dominicana	Prevención de las ETS/VIH/SIDA	*Trabajadoras Sexuales * Hombres Involucrados en la Industria del Sexo Comercial	2,600 TRSX 4,200 Hombres involucrados en la industria del sexo	Zonas de seguimiento: Montellano, Sosua and Puerto Plata Zonas Nuevas: a) Puerto Plata: Imbert, Luperón, Isabela, El Mamey, Altamira, Guanaito, b) Santiago: Navarrette, Villa Gonzalez; c) Mao: Pueblo Nuevo; d) Santiago Rodriguez: Monción	2 años: 3/14/00 - 3/13/02	Información, educación y comunicación para el cambio de comportamientos; gestión política para concietizar a sectores claves y mercadeo social de condones.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
252494-2B-003	4,209,675	CASCO/ PROFAMILIA <u>CASCO</u> : Elizardo Puello (<i>Lic. Dario Carvajal, Enc. del Proyecto</i>) Tel. 809-685-6824 / 221-5509 <u>PROFAMILIA</u> : Lic. Magaly Caram (<i>Rudolfo Coiscow/ Supervisor del Programa Jóvenes</i>) Tel. 809-689-0141;	AComunicación para el Cambio de Comportamiento de Adolescentes y Jóvenes en la Prevención de las ITS/ VIH/SIDA@	Prevención de las ETS/ VIH/SIDA	Adolescentes y Jóvenes de 15 a 19 años	-16,500 jóvenes beneficiarios directos y 27,200 indirectos -1,680 adultos (padres y líderes comunitarios).	Barrios urbanos marginalizados de Santo Domingo: Manoguayabo, Los Alcarizos, Sabana Perdida, Los Guaricanos, Villa Mella y Santa Cruz	2 años: 3/25/00 - 3/24/02	Información, educación y comunicación para el cambio de comportamientos; Acción política y movilización social.
252494-2B-004	1,813,548	IDDI Lic. David Luther (<i>Liliana Rocha/Directora del Dpto.de Salud</i>) (<i>Carmen Cristina Aza, Coor. del Proyecto</i>) Tel. 809-534-1077;	AAtención Primaria y Autosuficiencia en SIDA@	Prevención de las ETS/ VIH/SIDA	Adolescentes y Jóvenes de 13 a 19 años	- 2,500 jóvenes beneficiarios directos y 15,000 de manera indirecta - 1,200 adultos (padres y lideres comunitarios)	Barrios marginados de la zona Norte y Oeste de Santo Domingo: Engombe, El Abanico, Libertador, Duarte, Las Palmas, Enriquillo, La Cuarenta, Puerto Isabela, Villas Agrícolas, La Piña, Lebrón	2 años: 7/11/00 - 4/11/02	Información, educación y comunicación para el cambio de comportamientos; fortalecimiento de grupos e instituciones comunitarios para la promoción y prevención del VIH/SIDA.
252494-2B-005	4,300,941	CASCO IDAC Antonio Florian Tel. 809-689-0123 Cel.809-710-0615 Fax. 809-412-8426 MOSCETHA Dr. Joseph Cherubin Tel. 809-687-2318	Bateyes contra el SIDA	Prevención y Apoyo de VIH/SIDA	Adolescentes y jóvenes adultos de 15 a 25 años	- 16,650 adolescentes - 10,200 adultos (padres y lideres comunitarios)	30 bateyes de Santo Domingo	2.5 años: 10/1/00 - 4/30/02	Información, educación y comunicación para el cambio de comportamientos; Acción política y movilización social.

SEGUNDO CICLO DE DONACIONES

Donación #	Donación RD\$	Institución	Proyecto	Énfasis Programático	Población Meta	Beneficiarios	Área Geográfica	Duración	Estrategias
252494-2B-006	1,558,880	COALICION-ONG Lic. Betania Betances Tel/Fax. 809-221-4877	Proyecto Gestión Política en la Lucha contra el SIDA en la R.D.	Políticas, Planes e Iniciativas sobre el VIH/SIDA	Tomadores de decisiones y hacedores de políticas en COPRESIDA SESPAS/ DIGECITSS Agencias Donantes ONGs		Nacional	1 año: 2/15/01 - 3/31/02	Advocacy para tomadores de decisiones y fortalecimiento institucional para la Coalición.
252494-2B-007	1,810,227	ASA Lic. Leonardo Sánchez (<i>Geovanny Espino/ Gerente Educación</i>) (<i>Rafael Perreira/ Coord. de Educación</i>) Tel. 809-536-8118; Fax. 809- 536-8172	Proyecto Alto al SIDA®	Educación en VIH/SIDA y Servicios de Apoyo	Bisexuales y travestis	240 bisexuales y travestis beneficiarios directos 8,000 hombres que tienen sexo con hombres de manera indirecta.	Distrito Nacional	1 año: 4/1/01 - 3/31/02	Programa de Capacitación e IEC (incluyendo Actividades de Alcance); Grupos de Apoyo; Consejería Confidencial; Apoyo Emocional; Cuidado Domiciliario y Familiar; Terapia Psicológica; y Referimientos Clínico.
252494-2B-008	1,554,412	ADOPLAFAM Dr. Ramón Portes (<i>Dra. Margarita Báez, Coord. del Proyecto</i>) Tel. 809-238-5604; Fax. 809-238-5611	Salud Sexual y Reproductiva y Prevención ITS/VIH/SIDA para y desde Adolescentes de Poblaciones Urbano-marginadas de los Municipios de Hato Mayor del Rey y San Pedro de Macoris, R.D.	Prevención de las ETS y SIDA	Jóvenes de 10 a 19 años	1,600 jóvenes beneficiarios directos 5,000 jóvenes beneficiarios indirectos	<u>Región Este:</u> San Pedro de Macoris y Hato Mayor	1 año: 5/1/01 - 4/30/02	Sensibilización de organizaciones de base comunitarias, directores de escuela y maestros. Involucramiento de los padres, maestros y tutores de los beneficiarios. Establecimiento de una red de mensajeros de salud. Fortalecimiento de una red de servicios para la prevención de SIDA (materiales educativos y condones).



Final Report – Annex 2

Catalogo de Publicaciones 1997-2002

Prepared by the Academy for Educational Development
Under USAID CA #517-A-00-97-07103-00



Final Report – Annex 3

Analysis of NGO Efforts Supported via AcciónSIDA 1997-2002

Prepared by: ALEPH (Agencia Latinoamericana de Expertos en
Planificación H)

With funding provided by AcciónSIDA under
USAID CA #517-A-00-97-07103-00

Submitted to: AcciónSIDA
Academy for Educational Development
October 2002

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SYTHESIS OF LESSONS LEARNED – COMMON THEMES	9
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ACRONYMS TABLE

AED	Academia para el Desarrollo de la Educación (Academy for Educational Development)
ADOPLAFAM	Asociación Dominicana de Planificación Familiar (Dominican Association of Family Planning)
AID	Agencia de los Estados Unidos para el Desarrollo Internacional (US Agency of International Development)
ALEPH	Agencia Latinoamericana de Expertos en Planificación H (Latin American Agency of Experts in Planning H)
ASA	Amigos Siempre Amigos (Friends Forever Friends)
CASCO	Coordinadora de Animación Socio-cultural (Coordination of Socio-Cultural Animation)
CEPROSH	Centro de Promoción y Solidaridad Humana (Center for Promotion and Human Solidarity)
Coalición de ONGs SIDA	Coalición de Organizaciones No Gubernamentales en lucha contra el SIDA (Coalition of NGOs in the Fight Against AIDS)
COIN	Centro de Orientación e Investigación Integral (The Center for Integral Research and Orientation)
COPRESIDA	Consejo Presidencial de Lucha Contra el SIDA (Presidential Council for the Fight Against AIDS)
HSH	Hombres que tienen Sexo con Hombres (Men who have Sex with Men)
IEC	Información, Educación, Comunicación (Information, Education, Communication)
IDAC	Instituto de Acción Comunitaria (Institute of Community Action)
IDDI	Instituto Dominicano de Desarrollo Integral (Dominican Institute of Integral Development)
INSALUD	Instituto Nacional de la Salud (National Institute of Health)
ITS	Infecciones de Transmisión Sexual (STIs)
MUDE	Mujeres en Desarrollo Dominicanas (Dominican Women in the process of Development)
OCBs	Organizaciones Comunitarias de Base (Community-Based Organizations)
ONGs	Organizaciones No Gubernamentales (Non-Government Organizations)
PEN	Plan Estratégico Nacional de ITS/VIH/SIDA 2000-2003 (National Strategic Plan for STI/HIV/AIDS 200-2003)
PROFAMILIA	Asociación Dominicana Pro-Bienestar de la Familia (Dominican Association for the Well Being of the Family)
REDOVIH+	Red Dominicana de Personas que Viven con VIH (Network of HIV+ Individuals)
SESPAS	Secretaría de Estado de Salud Pública y Asistencia Social (State Secretary of Public Health and Social Assistance)
SIDA	Síndrome de Inmunodeficiencia Adquirida (AIDS)
TRSX	Trabajadoras Sexuales (Commercial Sex Workers)
VIH	Virus de Inmunodeficiencia Humana (HIV)

INTRODUCTION

During the period between 1997-2002, the U.S. Agency for International Development supported the third phase of investment in the area of HIV/AIDS in the Dominican Republic by way of AcciónSIDA, a project implemented by the Academy for Educational Development.

The technical assistance provided to the Non-Governmental Sector was channeled through AcciónSIDA, and directed towards seven target audiences including: youth and adolescents, commercial sex workers and their clients; men who have sex with men; individuals living in bateyes; industrial and hotel workers, and HIV positive individuals.

In the interest of documentation as well as future planning, AcciónSIDA contracted consultants from the Latin American Agency of Experts in Planning (ALEPH) to facilitate a process of reflection involving the principal members of NGOs, who worked directly with target audiences. The product of this process is a summary of the best practices and lessons learned throughout the project's duration.

The process of reflection and strategic dialogue, facilitated by ALEPH, was driven by a conceptual definition of the terms "best practices" and "lessons learned". Various research methods were utilized during the process including: in-depth interviews with NGO project directors, interviews with NGO management and operative teams, and focus groups, made up of target audience members.

The following document consists of an executive summary of the best practices and lessons learned through the experiences of key NGOs during the implementation of various levels of HIV/AIDS intervention during AccionSIDA's five- year history. Processing the experience of the past five years and looking to the future of HIV/AIDS interventions helps to expand strategic alliances, encouraging a stronger social and political mobilization around HIV/AIDS issues.

Appendix (1A) highlights the summary organized by target population, while appendix (1B) includes the specific lessons learned, best practices, and future projection of each population. These appendices serve as an important complement to the synthesis presented. It is important to note that part B of the appendix uses visuals to present the future vision, as perceived by members of the target population, of the next five years of HIV/AIDS programming.

It is important to also mention the publication of a second appendix, which details the best practices, lessons learned, and future projections, organized by NGO. Each of the NGOs had access to institutional documentation and had the opportunity to review the research results, offering feedback throughout the process.

ALEPH would like to thank the personnel and directive teams of each of the NGOs, for their commitment and dedication during the research process as well as their feedback throughout the documentation process. We would also like to express our appreciation to

the members of the target audiences, whose enthusiastic participation in focal groups played a key role in the research process. Finally, thank you to AcciónSIDA, for their work and unconditional support.

ANTECEDENTS

AcciónSIDA represents the third phase of USAID's investment in HIV/AIDS in the Dominican Republic. The third phase represents a five-year period, from 1997-2002. AcciónSIDA was administrated by the Academy for Educational Development.

During the initial phase of implementation, AcciónSIDA provided both financial and technical support to the non-government sector in the planning and administration of HIV/AIDS prevention and treatment programs. These interventions were directed towards the following target populations: youth and adolescents; commercial sex workers and their clients; men who have sex with men; individuals living in bateyes; industrial and hotel employees; and HIV positive individuals. The non-governmental organizations supported in the planning and administration of the projects included ADOPLAFAM; ASA; COIN; CEPROSH; CASCO; Coalition of NGOs; Grupo Clara/CEPROSH; IDDI; IDAC; INSALUD; MOSTCHA; MUDE; PROFAMILIA; and, REDOVIIH+.

The majority of the NGOs administering the STI/HIV/AIDS interventions had entered the HIV/AIDS program planning process with years of prior experience working in similar projects. The combined experience of years of work in the field has allowed these institutions to consistently adjust their programs according to the needs of each population. The geographical regions chosen to implement community interventions proved successful, allowing for opportunities to expand and replicate these same services to new regions of the Dominican Republic.

As this phase of the project is coming to a close, and USAID is preparing to invest in a new strategy for STI/HIV/AIDS programs, AcciónSIDA felt it appropriate to engage key actors in the Non-Governmental sector in a process of reflection and evaluation. This process has served to identify best practices and lessons learned during the five years of STI/HIV/AIDS programs, orientating principal leaders towards future actions for the period of 2002-2007.

AcciónSIDA contracted consultants from the Latin American Agency of Experts in Planning (ALEPH) to facilitate a process of reflection involving the key leaders of NGOs, who work directly with target audiences. The product of this process is a summary of the best practices and lessons learned throughout the project's duration. This process was accompanied by a strategic dialogue with NGO staff in which concrete, realistic actions were identified, and serve as tools for future interventions.

CONCEPTUAL ELEMENTS & METHODOLOGY

Before executing a process of reflection and dialogue with key institutions, ALEPH, in partnership with personnel from AcciónSIDA, established a conceptual framework, for the identification of best practices and lessons learned.

The concept of “best practices” was applied to interventions, strategies, or actions that were considered of positive value due to the contribution these practices made to the accomplishment of project objectives and ultimately, impact on the target population. Upon identification of each best practice, the triumphs and obstacles encountered during the implementation process were analyzed and identified as “lessons learned”.

The methodology utilized by ALEPH included a combination of different qualitative research techniques including: in-depth interviews with directive personnel, interviews with the NGO administrative teams, as well as focus groups with target audiences.

The application process of qualitative research techniques was complemented by a question guide, which included variables and indicators directly related to the strategies and collaborative actions indicated in the STI/HIV/AIDS National Strategic Plan. These guides also included reflections upon the geographic region targeted, strategies utilized, accessibility of services to the target population, as well as strategic alliances used by each institution. The in-depth interviews and focal groups included the future vision of each NGO, in terms of institutional development, as well as the vision of each target population.

In Table 1: Indicates the institutions involved in the research study, according to the target populations with whom they worked.

Table 1: NGOs Involved in Study, According to Target Population

NAME OF NGO	TARGET AUDIENCES						
	Decision Makers	Youth	Sex Workers (TRSX)	Workers	Men who have Sex with Men	People living in Bateyes	HIV+ Individuals
ADOPLAFAM		1998-2002					
ASA					1998-2002		
COIN			1998-2002	1998-2002			
CEPROSH			1998-2002	1998-1999			
CASCO		1998-2002				1998-1999 2000-2002	
COALICION ONGs	1998-1999 2001-2001						
CEPROSH/ Clara							1998-2002
IDDI		1998-2002					
IDAC						1998-1999 2000-2002	
INSALUD	1999-2002 2000-2002						
MOSTCHA						1998-1999 2000-2002	
MUDE		1998-2002					
PROFAMILIA		1998-2002					
REDOVIH+							1999-2002

In accordance with ALEPH's principles and institutional politics, the team responsible for the completion of this study was comprised of professionals from a wide variety of disciplines, giving the research a more diverse perspective.

SYNTHESIS: BEST PRACTICES – COMMON THEMES

Clear examination of the best practices identified by the personnel of each NGO resulted in the discovery of many common themes. The best practices summarized below are a reflection of the combined feedback of all institutions working in STI/HIV/AIDS interventions and organized according to theme.

Methodology and Services

- **Integral, multisectoral approach to HIV/AIDS.** Use of an integral approach when providing services. Applying an integral approach on a community level. Integrating STI/HIV/AIDS prevention programs in broader framework of health programs, such as sanitation and overall wellness.
- **Utilizing the methodology of pairs (peer education),** which maintained its effectiveness due to its fundamental respect and flexibility to the needs of the target audience. Under the framework of this methodology, the target audience leads interventions, aimed towards his/her peers, respecting their sexual culture and interests, leaving discrimination and marginalization by the wayside.
- **Integral care for HIV positive individuals.** The project conceptualization and vision for HIV+ individuals. The incorporation of a network of support groups which offer care and access to services for HIV+ individuals. Counseling services provided during the HIV pre- and post -test process.
- **Access to condoms for Prevention Programs.** Putting 100% condoms strategy into practice. The signing of an agreement to make condoms accessible. The marketing of condoms through the network of peer educators. Motivating condom use among couples, by reflecting upon the impact of HIV/AIDS on the family.
- **Developing a distinct focus of program interventions** according to the necessities of each target group. Including active involvement on the part of adult members of the community in STI/HIV/AIDS youth prevention programs.
- **Marketing preventative services to private industries.** Organizing brief outreaches during coffee breaks, lunch, and at the end of the day to communicate the prevention message to industrial workers. Successfully organizing health fairs in partnership with health personnel, theatre groups as well as community leaders.

- **Periodic, Systematic Monitoring of Goals.** The effort to take part in a precise revision and evaluation of the National STI/HIV/AIDS Strategic Plan by the NGOs who have been involved in the political arena.

Training and Production of Educational Materials

- **Diversify scenarios for educational interventions.** Diversify scenarios to inform, educate, and communicate important elements of STI/HIV/AIDS prevention. For example, the use of community space for educational interventions. One option is to use community centers for workshops and lectures in both urban and rural marginalized areas throughout the D.R. Using locations such as parks and beaches as settings for outreach events, which function to motivate individuals to engage in regular medical check-ups, encourage regular condom use, and educate about various types of STIs. The integration of faith-based organizations in the prevention effort is also of utmost importance.
- **Use of interactive theatre in open spaces throughout the community.** The use of “street theatre” to bring about a spirit of solidarity towards HIV+ individuals. The use of educational theatre, led by members of the target population. Interactive theatre directed towards individuals involved in commercial sex work. Theatrical activities involving large groups of industrial workers (taking place in parks, streetcorners, lobbies..etc).
- **The combination of four different elements of an educational intervention during training sessions.** (Community outreach, discussion groups among target population, training workshops, and active involvement by volunteers) aimed to change behavior, attitudes and sexual practices.
- **Use of innovative educational materials.** The use of popular culture to develop educational materials, using well illustrated material, concise content, a direct message and immediate impact. Informative handouts, directed towards youth and adolescents focused in self-esteem, gender and development, STI/HIV/AIDS prevention, and sexual and reproductive rights. The information sheets distributed as a complement to an educational activity led by peer educators in rural communities. (Specific to the Coalition NGOs, the production and distribution of a periodic newsletter).
- **STI/HIV/AIDS training sessions for hospital personnel,** focusing on the stigma associated with the treatment of HIV+ patients. Sensitizing SESPAS staff as well other hospital personnel to the human side of HIV.
- **Use of strategies for educational interventions which include a global approach,** which recognizes the value of working with individuals within their work environment, taking into consideration the form by which individuals interact within their workplace. A combination of short training sessions and large outreach events organized in the work environment, aimed to create behavior change in the target population
- **The successful launching of the National HIV/AIDS Song Contest.** Selection of local radio stations to run spots promoting HIV/AIDS prevention. Periodically, pre-recorded

STI/HIV/AIDS prevention messages were played in strategic locations in order to reach individuals in the commercial sex industry.

Strategic Alliances

Strategic alliance allowed for a greater number of individuals to be reached and provide a higher quality of service, across a larger geographical area.

- **Different levels and types of strategic alliances of each institution.** The partnerships between various NGOs to participate in the process of administration, design, and formulation of methodological approaches and project monitoring.
- **The partnership with SESPAS, on various institutional and provincial levels.** The strategic alliance between SESPAS and community health centers as well as cooperative agreements designed to create a system of referral, referring youth to SESPAS health centers.
- **Formalizing partnerships between community organizations by way of signed agreements** and sharing methodological approaches with partner organizations. Integration of community organizations in the social and political actions that contribute to the prevention of STI/HIV/AIDS.
- **Strengthen the bond between local organizations and members of the provincial sector,** such as the Coalition of NGOs in AIDS and INSALUD. Sharing experiences between NGOs and encouraging the development of strategies used in the process of negotiation, and recognizing the distinct approaches used by the principal actors and administrative staff.
- **The identification and recognition of Haiti as an important element** in the process of building strategic alliances and coordinating interventions that serve to benefit both countries.

Social Mobilization and Support Networks

- **The social mobilization to sensitize multiple community actors and provincial authorities.** Violation of the human rights complaints made public by HIV+ individuals has brought the public to action.
- **Mobilization of HIV+ individuals in the formation of a national support group for HIV+ individuals.** The presence of REDOVIH+ in the political arena, as key players in the decision making within the government, civil society as well as the private sector.
- **Formation of networks of peer educators, leaders and volunteers, made up of youth** between 14-24 years old. The methodology used to train members of the network of volunteers: building awareness among youth, providing technical STI/HIV/AIDS training, training youth to be peer educators and assigning roles to the youth within their

communities. The training provided to the National Network of Youth in the area of politics (AIDS Law and Youth Law) and STI/HIV/AIDS prevention.

- **Participation by rural youth in the network of peer educators** in order to insure the continuation of the network in rural communities.
- **Selection of the peer educators and peer leaders by local organizations** along with the application of specific criteria for selection of peer educators. (Without discriminating based on social or physical condition, physical appearance, race, or political or religious affiliation).

Political Administration

- **The political ties to decision-making forums** that have been formed during the Health Sector Reform process.
- **Participation in decision making forums** concerning HIV/AIDS.
- **Support provided to COPRESIDA**, since its founding, to aid in the strengthening of COPRESIDA's technical and administrative capacity.

SYTHESIS OF LESSONS LEARNED – COMMON THEMES

Strategic partnerships

The experience of the past five years has served as evidence of the important role strategic alliances play in the successful implementation of projects such as AcciónSIDA. A shared vision and philosophy among partner organizations demonstrates great potential for a successful working relationship. The joint program implementation between partner institutions recognizes a common vision in which program activities are planned with a strategic partnership always in mind. There is great need to establish clear roles and responsibilities within the institutions for strategic, programmatic, administrative, and financial organization.

The principal actors who form strategic alliances come to the table with different motives, communicating their needs in very different ways. The form by which members of the private sector, the government, and NGOs communicate and approach a challenge is drastically different. For example, an executive tends to make quick decisions; government representatives engage in a process of reflection upon political interests; while NGOs focus on coming to a consensus based on ethics and equal participation by all members. In addition, the presence of international organizations helps to create dialogue between the government and the NGO sector.

The establishment of a systematic project evaluation, which examines the project's progression towards the goals and objectives that form its essential framework serves to

strengthen the partnership between institutions and colleagues. Partnerships with strongly anchored organizations tend to produce more fruitful results in terms of reflection, feedback and evaluation.

The majority of the partnerships occurred strictly on an administrative level, leaving personnel working directly with community members as well as beneficiaries out of the process. Administrative personnel tend to communicate independently with the institutions, leaving many key members of the intervention out of important dialogue.

Strategic alliances formed between NGOs are generally focused in comparing the administrative styles of each institution. Each institution possesses a distinct set of politics, norms, and procedures creating the need to work strategically with the technical staff from each institution. Projects that rely on partnerships with other institutions demand more time and energy than those without alliances, which implicates the need for a team of personnel whose time is solely dedicated to the duties associated with the project.

Traditionally, strategic alliances with Dominican institutions have proved to be fruitful. However, in the case of men who have sex with men, the stigma associated with this population as well as the lack of priority that has been placed upon working with men who have sex with men, has limited their accessibility to partner institutions available to aid the HIV prevention effort.

The follow-up and continuation essential to the maintenance of strong alliances requires a great deal of time and effort. Normally, the NGOs lack the personnel necessary to dedicate time and attention to preserve these important connections.

Experience regarding strategic alliances has taught us that members of higher level administrative teams should assume agreements at a macro level.

Services

The integral approach to program implementation surpasses the traditional model, which creates an exclusive focus to STI/HIV/AIDS prevention interventions. A more integral approach implicates a greater commitment to the development of institutional and community partnerships; an element which demands greater time and effort from the NGO personnel. Health programs that aim to incorporate multiple health issues such as sanitation and overall wellness, tend to create a workload which is difficult for institutional personnel to tackle.

A guaranteed supply of condoms that can be used in STI/HIV/AIDS educational interventions is essential to the success of NGO-led programs. The project's financial limitations combined with the diverse group of political forces and serve as a barrier to distribution of medications and condoms, which are issues that need to be confronted in order to improve the services provided to the target populations.

Included within the fundamental structure of STI/HIV/AIDS interventions, should be not only prevention activities, but also treatment interventions, which include psychological support during the pre/post test process. This is not to suggest that HIV treatment become the sole

focus of the intervention but instead, acknowledges the importance of integrating these services into community actions and program implementation.

There is a great need to integrate health committees in the project planning and coordination, in order to insure the continuation and sustainability of the social mobilization strategies.

Training and Production of Educational Materials

Time and practice has taught us that from the beginning of the project, the purpose and objectives of each of the interventions should be communicated in a clear, direct way to key members of the community. It is very important to produce some type of informative material that speaks to the institution's goals and objectives, so as to keep community organizations informed. On the same note, communication with community organizations needs to be consistent and constant in order to guarantee active participation in the different activities throughout the project's duration.

The use of culturally relevant scenarios to deliver educational messages directly contributed to the impact of the interventions. It is important to distinguish that for Haitians and Haitian-Dominicans, death has a very different meaning within their cultural context; death gives them reason to celebrate, not to mourn.

Throughout the project's duration, certain NGOs did not have access to educational materials appropriate to the culture of the audience and/or the nature of the project. However, access to educational materials, appropriate for the given organization (technical manuals, pamphlets, and posters) helps improve the quality of the educational intervention.

The constant shift in health personnel served as a major obstacle to achieving project goals. Due to the stigma connected to HIV/AIDS, a great deal of time and effort is often spent dispelling myths and sensitizing health personnel about the reality of HIV/AIDS. The changes in personnel interrupt this process, with sensitized individuals being moved and replaced by individuals with little or no exposure to HIV/AIDS. Unfortunately, this situation has been reoccurring and has great impact upon the project's ability to accomplish its proposed objectives.

Due to institutional politics, SESPAS health personnel generally respond to the politics formulated by SESPAS. As a result, the NGO supervision of health personnel and effort to monitor the quality of care received by youth and adolescents within these clinics is limited. In addition, the NGOs have limited access to the information systems within the health centers. This obstacle prevents NGOs from reporting accurate data and knowing to what extent they have truly met their project goals.

Working with HIV+ individuals, especially towards the end of their lives, is a stressful, draining process, which requires one to be conscious of their own mental health and personal limits.

There is great need to work in the hotels and industrial zones to promote STI/HIV/AIDS prevention. In the case of the hotel industry in Puerto Plata, investment and interest in including HIV/AIDS prevention programs in the workplace has been limited. Due to the

corporate control that runs the majority of the hotel chains, the hotel management is left with very little power to make decisions on a local level. In order to work within this system, different sets of strategies need to be designed to reach members of the corporate management. For future projects, it is important to continue building relationships with administrative personnel and emphasizing the importance of HIV/AIDS programs within the industrial sectors, so as to open doors for future STI/HIV/AIDS educational interventions.

Social mobilization and Support networks

An administrative presence is essential to a support network's unity and vision, and serves to guide the group in its program planning and periodical evaluation. The personnel responsible for the supervision and assistance provided to volunteer networks must possess an open-mind and be empathetic to the difficulties faced by group members.

Experience has shown us that opportunities for members of support groups and/or peer volunteers to share experiences helps to create greater knowledge as well as unity among the group members. The incentive granted to the volunteers is quite limited, and as a result, a consistent group of volunteers is very difficult to obtain.

Development of leadership within support networks needs to be carefully examined given the presence and participation by HIV+ individuals. Building a strong leadership team is essential to guarantee the sustainability of the support groups.

The practice indicates that a diversity of support groups have evolved based on the dynamic and reality of the group as well as in response to the social/political context in which they function. Systematizing the evolutionary process among these groups has become a priority so that based on the lessons learned, the methodologic conceptualization is reviewed for the management of various types of support groups.

Standardization of the structure and operation of support networks that make up REDOVIIH's structure could have positive impact on the quality of services individuals receive. In addition, the standardization serves to facilitate the support and monitoring of the support groups.

The practice demonstrates that implementing activities aimed to strengthen the National Network of Youth are worthwhile and should continue to be improved to allow for a greater outreach to youth and adolescent populations.

Political Management

The institutional practice by higher-level political players such as Coalition of NGOs and INSALUD in the fight against AIDS, demonstrate the need to broaden the approach to AIDS.

The participation of civil society becomes an aspect of vital importance to guarantee the continuity of higher-level political action and insure that political efforts eventually result in visible changes.

Participation by various high-level political institutions in the construction and revision of the National HIV/AIDS Strategic Plan is essential to the efficient political management within this context as well as within the NGO sector.

SYNTHESIS OF FUTURE PROJECTIONS AND RECOMMENDATIONS

Expansion and Services

- Using an integral approach to STI/HIV/AIDS, incorporating interventions that make up the essential development of a community.
- Strengthen the service-structure, prioritizing preventative and educational interventions.
- Expand STI/HIV/AIDS interventions in the geographical areas in which the NGOs have developed successful strategic alliances; where projects have been implemented and show potential for future impact on the community; where the NGO has had a presence, especially in health programs.
- Consolidate treatment services and widen the expanse of HIV services by reaching an increased number of individuals located within diverse geographical regions; providing increased services to individuals due to the alliance with SESPAS. In addition, widening the reach of treatment services will serve to benefit the Haitian population and allow for greater access to medications.
- Foster access to medications through use of multiple advocacy strategies; supporting the adherence to treatment regimens; increase access to laboratory tests; revision and design of educational interventions to increase overall wellness; development of political advocacy strategies.
- Strengthen the vertical transmission program by: encouraging the use of a specific protocol for vertical transmission programs throughout the D.R.; offering support and productive alternatives to HIV+ mothers; offering options for HIV+ children.
- Promote access to condoms by defining strategies orientated towards creating greater access to the condom market.
- Expand the framework of social opportunities for HIV+ individuals, through the design and access to opportunities to work, socialize, and live a productive life.
- Identify valuable strategies used on a local level through the analysis of collaborative efforts with community organizations, workshops aimed to build awareness to the AIDS epidemic among members of the community sector; strengthening community leadership; and the approach used for different community scenarios.
- Transform institutions into health service providers, familiarizing NGOs with the requirements necessary to achieve accreditation as health care providers.

Strategic Alliances

- Continue growth towards a culture of partnerships, building institutions that place importance upon strategic alliances in the implementation of their programs as well as in their overall vision and function as an institution.
- Strengthen the government's ability to negotiate with NGOs and community organizations, with emphasis on: strengthening negotiations between local and provincial members of the governmental sector; expand alliances with SESPAS; strengthen and expand partnerships with NGOS; extend institutional partnerships to reach the community sector; and strengthen alliances with consortiums.
- Continue to respond to NGOs' needs by way of an institutional participation in the process, orientated towards strengthening the role of various types of requests, integrated by different category and type of NGO.

Social Mobilization and Support Networks

- Continue to strengthen local social mobilization, designing and implementing strategies orientated towards "advocacy", allowing for a transversal movement during different interventions, using bottom-up approach to programming.
- Strengthen the network of HIV+ individuals and their support groups, developing a systemization of past experience and lessons learned and promoting cooperative efforts within the support network in order to empower members.
- Continue to strengthen the institutional position of local and international networks by building leadership within each region and throughout the country.

High level political administration

- Expand the different roles possessed by the chief actors in the AIDS epidemic, actively involving infected individuals, affected individuals and service providers in the search for effective solutions to achieve greater coverage for AIDS and its many dimensions.
- Consolidate and direct institutional political administration efforts to national level forums for decision- making.
- Encourage active involvement in the political discussions surrounding the Social Security Law and the new Health Reform Law, in order to incorporate a multisectoral approach to the political administration process.

- Contribute to the development of a higher quality of prevention services through the Health Sector, emphasizing a multisectoral, diverse approach to health care.
- Design and implement strategic alternatives, involving local and provincial authorities, aimed to support the decentralization of the health sector.
- Continue to support the monitoring and feedback process associated with the National HIV/AIDS Strategic Plan, offering assistance towards efforts to continue the PEN monitoring and evaluation plan.



Final Report – Annex 4

Mid-Term Evaluation May, 2001

Prepared by the Synergy Project

MID-TERM EVALUATION
HIV/AIDS/STI PREVENTION AND CARE PROJECT
USAID/DOMINICAN REPUBLIC

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ACRONYMS

ADOPLAFAM	Asociación Dominicana de Planificación Familiar/ <i>Dominican Republic Association for Family Planning</i>
AED	Academy for Educational Development
ALA	<i>Support for the Dominican Elderly</i>
ASA	Amigos Siempre Amigos/ <i>Friends Always Friends</i>
BCC	behavior change communication
BSS	Behavioral Sentinel Surveillance
CASCO	Centro de Animación Socio-Cultural/ <i>Center for Social Cultural Activities</i>
CEPAC	Centro de Educación para el Desarrollo Comunitario/ <i>Center for Community Development and Education</i>
CEPROSH	Centro de Promoción y Solidaridad Humana, Inc./ <i>Center for the Promotion of Human Solidarity</i>
CIAC/ASAP	Centro de Investigación y Apoyo Cultural/ <i>Center for Cultural Support and Studies</i> Asociación para la promoción de la Salud Pública/ <i>Association for the Promotion of Public Health</i>
COIN	Centro de Orientación e Investigación Integral, Inc./ <i>Center for Integral Orientation and Studies</i>
CONASIDA	Comisión Nacional de SIDA/ <i>National AIDS Commission</i>
CONEP	Consejo Nacional de la Empresa Privada/ <i>National Business Council</i>
COPRESIDA	Comisión Presidencial del SIDA/ <i>Presidential AIDS Commission</i>
CSW	commercial sex worker
DIGECITSS	Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA/ <i>National Coordination for the Control of Sexually Transmitted Infections and AIDS</i>
EEC	European Economic Community
ENDESA	Encuesta Demográfica y de Salud/ <i>Demographic and Health Survey</i>
FHI	Family Health International
GODR	Government of the Dominican Republic
IDAC	Instituto de Acción Comunitaria/ <i>Institute of Community Action</i>
IDCP	Instituto Dermatológico y Cirugía de la Piel / <i>National Dermatological Institute</i>
IDDI	Instituto Dominicano de Desarrollo Integral, Inc./ <i>Dominican Institute for Development</i>
IEC	information, education, and communication
INSALUD	Instituto Nacional de la Salud/ <i>National Health Institute</i>
JICA	Japan International Cooperation Agency
JSI	John Snow International
MOSCTHA	Movimiento Socio Cultural de los Trabajadores Haitianos / <i>Social and Cultural Movement of Haitian Workers</i>
MSM	men who have sex with men
MTCT	mother-to-child transmission

MUDE	Mujeres en Desarrollo Dominicana, Inc. / <i>Dominican Women in Development</i>
NGO	nongovernmental organization
ONUSIDA/UNAIDS	Joint United Nations Programme on HIV/ AIDS
PAHO	Pan American Health Organization
PAV	Propuesta de Apoyo a la Vida/ <i>Proposal for Life Support</i>
PEN	Plan Estrategico Nacional/ <i>National Strategic Plan for HIV/AIDS</i>
PPT	pre-packaged treatment
PREVIHSA	Proyecto de Apoyo al Programa de Prevención de ETS/VIH/SIDA/ <i>European Economic Community HIV/AIDS Prevention Project</i>
PROCETS	Programa de Control de Enfermedades de Transmisión Sexual y SIDA/ <i>Control of STI/AIDS Programme</i>
PROFAMILIA	Asociación Dominciana Pro-Bienestar de la Familia, Inc./ <i>Dominican Association for the Promotion of the Family</i>
PROMESE	Programa de Medicamentos Esenciales/ <i>National Essential Drug Program</i>
PROPAS	Fundación Dominicana para la Promoción y Acción Social/ <i>Dominican Foundation for the Promotion of Social Action</i>
PROSISA	Programa de Reforzamiento del Sistema de Salud de la República Dominicana/ <i>Program for the Enhancement of the Health System in the Dominican Republic</i>
PSI	Population Services International
REDOVIH+	Red Nacional de Personas que Viven con VIH / <i>National Network of Persons Living with HIV/AIDS</i>
SESPAS	Secretaría de Estado de Salud Pública y Asistencia Social/ <i>State Secretary of Public Health and Assistance</i>
STD	sexually transmitted disease
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development
VCT	voluntary counseling and testing
VIH/SIDA	Virus de inmunodeficiencia humana/Síndrome de inmunodeficiencia adquirida)
VT	vertical transmission

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EXECUTIVE SUMMARY

The evaluation team found that, overall, the USAID/Dominican Republic revised Strategic Objective 2 (SO2) for the Health and Population sector for 1999-2004, “Increased use of sustainable basic health services and practices,” and the Intermediate Result, IR1, under SO2 for HIV/AIDS/Sexually Transmitted Infections (STIs), “Increased access to HIV/AIDS/STI prevention and care services by at-risk and affected populations of the Dominican Republic,” remain valid and relevant for the country. USAID-supported projects are working toward meeting the intermediate results through the implementation of proposed strategies.

USAID support for programs in the Dominican Republic (DR) (US\$11,225,000.00) is recognized as the major source of financial and technical assistance for the development and implementation of a national response to the AIDS epidemic. USAID/DR’s active participation and support for the development of the *Plan Estratégico Nacional de ITS/SIDA 2000-2003* (PEN) (National Strategic Plan for HIV/AIDS, 2000-2003), in collaboration with other international and national agencies, facilitated the implementation of important public policies and programs. PEN is complemented by the Provincial Operative Plans, also developed through the strengthening of management and technical capacity of the *Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA* (DIGECITSS), or National Coordination for the Control of Sexually Transmitted Infections and AIDS, within the Ministry of Health System (*Secretaría de Estado de Salud Pública y Asistencia Social*).

USAID-supported projects have made progress toward increasing access to HIV/AIDS/STI prevention services, with some improvement of HIV/AIDS-related surveillance and reporting systems. A pilot project to promote STI pre-packaged therapy has also shown some success.

Additional successful results include greater involvement of civil society in the fight against AIDS via the creation of an NGO/AIDS Coalition and establishment of the Dominican Republic Network of Persons Living with HIV/AIDS (REDOVIH+). NGO intervention projects targeted to at-risk populations have led to reductions in high-risk sexual behavior.

Some of these projects have been identified as “best practices” and should be considered for expansion to other regions of the country. Such projects include: Project Clara for care and support of people living with HIV; behavior change interventions for sex workers implemented by the Center for the Promotion of Human Solidarity (*Centro de Promoción y Solidaridad Humana, Inc.* or CEPROSH); the *Avancemos Project* on STI treatment; and the “100% Condom Use” methodology pioneered in Thailand. Other successful interventions include projects that feature extensive involvement and participation of beneficiary populations, such as men who have sex with men (MSMs), youth, and commercial sex workers (CSWs).

National AIDS prevention and control strategies implemented in recent years have resulted in demonstrable reductions in the number of sexual partners and increased condom use in the general population, thus reducing risk of infection. The government of Dominican Republic has been less successful, however, in increasing access to primary health care and incorporating HIV/AIDS/STI care into the public health system. Even though USAID/DR has played a

proactive and supportive role in collaborating with the National AIDS Commission/ National Coordination for the Control of Sexually Transmitted Infections and AIDS (CONASIDA/DIGECITSS), situational constraints caused by changes in government and a corresponding redefinition of roles and responsibilities resulted in delays in implementation of the public health reform process. In addition, some of the country's most vulnerable populations are in need of greater prevention and care services (e.g., MSM sub-populations (young MSMs, male CSWs, transvestites, heterosexual men), the *bateye* (sugar mill/migrant worker) communities, and confined populations(i.e., prisoners)).

The following summary highlights overall findings and major recommendations made by the evaluation team in respect to USAID project approaches and strategies. The summary offers specific recommendations regarding activity implementation for current strategies and reinforces specific approaches for the project's next phase. Section III of this report provides further details.

1. Stigma and Discrimination

High levels of stigma and discrimination continue to be directed toward Dominicans living with HIV/AIDS. Every institution visited and person interviewed for this report expressed concern on this topic. Though most agreed that stigma had diminished (if only somewhat) among the general population, a high level of discrimination remains, and many health professionals at major public hospitals and clinics continue to resist caring for AIDS patients. In addition, physicians continue to request HIV tests from patients who are eligible for surgery without their knowledge and refuse to assist them if the test result is positive. Businesses use HIV tests in hiring and firing decisions without obtaining the employee's consent or offering pre- or post-test counseling.

Recommendation: Implement in-service training and an information, education and communication (IEC) campaign directed toward health professionals of all levels, including training on biosafety procedures and information on the care of AIDS patients. Informational materials and posters on human rights, solidarity, and HIV transmission, especially in health care settings, should be developed and posted inside hospitals, clinics and other health facilities.

Recommendation: Mechanisms for the dissemination and reinforcement of AIDS Law 55-93 should be discussed with both government officials and the AIDS NGO Coalition.

2. Behavior Change Communication

Although television and radio spots often focus on condom use, IEC/mass media prevention messages also emphasize partner reduction/fidelity, abstinence/postponement of sexual debut, and dissemination of information on STI treatment/prevention. This strategy of combined messages has made an impact on HIV infection, partly because it is appropriate to the cultural and sociopolitical context of Dominican Republic. However, discrimination, stigma and associated ignorance and misinformation about HIV/AIDS have not been adequately addressed. Mass media campaigns have not included MSM-oriented HIV prevention messages; this population (young MSMs in particular) may not be receiving an adequate level of information and/or services.

The *bateye* (migrant worker) communities dispersed throughout Dominican Republic constitute a large and important high-risk population for AIDS and other STIs. These impoverished and historically marginalized communities remain difficult to reach, and often have no access to health care services, condoms, or HIV/AIDS prevention programs. The prisoner population appears to be at high risk of HIV/STI infection but also tends to receive little in the way of effective treatment or prevention services.

Recommendation: Gains in reducing risky sexual behavior should be maintained and extended through continuation of IEC campaigns oriented to prevention of sexual transmission of AIDS/STIs. Such campaigns should continue to involve a diverse approach, incorporating partner reduction and abstinence/fidelity messages, in addition to information on condom use.

Recommendation: IEC campaigns' focus on youth should be expanded to encompass young MSMs, including those who may not necessarily identify themselves as homosexuals. Programs to reach at-risk youth in the *bateye* communities should also be adequately supported and monitored to ensure that a sufficient level of HIV/AIDS/STI services is available to this marginalized population.

Recommendation: HIV/AIDS prevention programs and STI services for the adult *bateye* population should be integrated and should include bilingual IEC materials in Creole. Family planning and primary health care programs should also be integrated with HIV/STI prevention efforts.

Recommendation: HIV/STI prevalence and behavioral practices research among prisoner populations is needed to develop effective prevention and treatment programs. Research may be conducted in conjunction with NGOs or other interested organizations.

Recommendation: Peer counseling and other HIV education interventions implemented by people living with HIV/AIDS should be expanded. This can be achieved through collaboration with networks of HIV-positive persons, such as REDOVIIH+ and Grupo Clara.

Recommendation: More research is needed to measure HIV and STI prevalence in MSMs and other men in order to better estimate the actual total of HIV infections and AIDS cases comprised of MSMs, which evidence suggests may be significant.

3. Condom Availability and Access

Condom availability in Dominican Republic is limited according to the purchasing capability of the population, thus severely restricting access to the most effective method of HIV/STI prevention among groups who are most vulnerable to HIV infection (i.e., youth and poor women). Persons living with HIV/AIDS also have limited access to condoms, thereby increasing their chance of transmitting HIV to uninfected partners.

Recommendation: Since the condom is still considered the most effective barrier method for prevention of sexually transmitted HIV and other STIs, there is an urgent need for coordination of, and advocacy for, a national condom distribution policy. Such a policy would guide the

activities of national and international agencies working in HIV/AIDS prevention and care, as well as those working in family planning.

4. STI Prevention and Treatment

STI diagnosis and treatment services are generally available in the major cities targeted by USAID's project. Nevertheless, STI services are more commonly found in clinical units segregated from other health care units, reflecting high levels of stigma associated with STI treatment. Stigma is also evident in the expectation that commercial sex workers seek STI services at different hours than the population at large.

STI Management

The USAID/AIDSMARK strategy for capacity building in STI management and program decentralization within DIGECITTS includes allocation of funds and short-term technical assistance provided by a senior STI management consultant. The consultant assists with revision and validation of the STI management manual and the national training curriculum. Medical doctors have been trained at the central, provincial and municipal levels. In addition, DIGECITTS has incorporated a primary health worker model into its manual for care providers at the primary level.

STI Pre-Packaged Treatment (PPT) Pilot Project

This pilot project, developed in November 2000 by DIGECITSS, included design of an STI package for three health care centers—one serving CSWs, one serving military troops, and one serving the general population. Information and promotional materials were distributed to health professionals, drug stores and popular pharmacies or *boticas populares*. Medical registry and monitoring and evaluation forms were also designed and distributed. Preliminary results indicate high levels of acceptance of PPT by health professionals and satisfaction by both male and female clients.

Recommendation: STI syndromic management should be integrated into primary health care at all levels of the public health system: dispensary, rural or urban outpatient clinics, maternal and child health or family planning sites, and outpatient clinics at hospitals.

Recommendation: Since the PPT pilot project was implemented in a specialized STI outpatient service at hospital sites in the capital city of Santo Domingo, it will be necessary to assess satisfaction by users of the PPT in other sites before expanding the model nationwide.

5. Capacity Building

Capacity building through short-term technical assistance and study tours has been helpful in improving staff skills within DIGECITTS for STI management and program implementation. Specific capacity building activities have included development of a National Strategic Plan for AIDS Prevention and Care, development of 12 provincial strategic plans, and NGO management workshops.

Recommendation: DIGECITSS should enforce adherence to the STI syndromic approach by focusing its activities on technical assistance in monitoring and evaluation. Activities should be implemented in the next 2 years.

Recommendation: Mechanisms and opportunities for sub-grantee organizations to exchange information about project experiences and intervention strategies should be offered. Such opportunities will increase information dissemination between persons who participate in training courses, seminars and conferences and other NGO staff.

6. Monitoring and Evaluation

Following a period of high staff turnover, AcciónSIDA—an HIV/AIDS NGO capacity building organization managed by the Academy for Educational Development (AED)—recently hired an outside consultant to revise its evaluation plan to include all project-level result ("output" and "outcome") prevention indicators. Previous indicators were revised to meet the needs for the SO2 and IR1, and new ones were identified to meet the needs of specific project interventions and targeted populations. Prevention indicators have been defined according to available baseline data for 1999/2000. Results evaluation studies have been planned for 2002. Indicators are clearly linked to the strategic objective and intermediate results, as well as to the lower-level subresults as originally proposed by the project. Process indicators have also been identified and included in the evaluation plan.

As it stands, no project situational analysis has been carried out. More specifically, no information is available about target populations or the social and cultural context related to STI and HIV transmission. Such information is needed to assess actual project coverage of proposed interventions.

Recommendation:

AcciónSIDA should involve sub-grantee NGOs in the evaluation process to build in-house capacity and continuity of project monitoring based on standard indicators for future impact assessment.

Recommendation:

A project situational analysis is needed to integrate epidemiological, behavioral and socioeconomic data to illustrate the dynamics of the epidemic at both the provincial and local levels.

RESUMEN EJECUTIVO

El equipo de evaluación ha llegado a la conclusión de que, en términos generales, el “mayor uso de los servicios y prácticas sanitarias básicas viables” potenciado por el Objetivo Estratégico 2 (SO2) revisado de USAID/República Dominicana para el sector de la salud y la población para el período de 1999-2004 y la “mejora en el acceso a la prevención y servicios médicos para el tratamiento de VIH/SIDA/Infecciones de Transmisión Sexual por parte de la población en peligro y afectada de la República Dominicana” potenciado por el Resultado Intermedio (IR1), bajo SO2 en referencia a VIH/SIDA/ITS, siguen siendo válidos y relevantes para el país. Los proyectos sostenidos por USAID pretenden cumplir con los resultados intermedios mediante la implementación de las estrategias propuestas.

La ayuda que USAID presta a los programas que se desarrollan en la República Dominicana (US\$11,225,000.00) es la mayor fuente de asistencia financiera y técnica en el proceso de desarrollo e implementación de una respuesta nacional a la epidemia del SIDA. La participación y asistencia activas de USAID y la República Dominicana para el desarrollo del *Plan Estratégico Nacional de ITS/SIDA 2000-2003* (PEN), 2000-2003, en colaboración con otras agencias internacionales y nacionales, facilitan la implementación de importantes planes y programas públicos. El PEN se ve reforzado por los Planes Operativos Provinciales, que también han sido desarrollados mediante el reforzamiento de la capacidad administrativa y técnica de la Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA (DIGECITSS), que pertenece a la Secretaría de Estado de Salud Pública y Asistencia Social.

Los proyectos suscritos por USAID han conseguido ampliar el acceso a los servicios de prevención de VIH/SIDA/ITS, y una cierta mejora en los sistemas de supervisión y notificación de casos de VIH/SIDA. También se ha conseguido avanzar en la promoción de una terapia preempaquetada para el tratamiento de las infecciones de transmisión sexual.

Entre los logros adicionales se cuentan un aumento de la participación de la sociedad civil en la lucha contra el SIDA, a través de la creación de una coalición entre organizaciones no gubernamentales y la fundación de la Red de Personas que viven con VIH (REDOVIH+) de la República Dominicana. Los proyectos de intervención de las ONG centrados en el sector de la población expuesto a un mayor riesgo han supuesto la reducción de los tipos de comportamiento sexual más arriesgados.

Algunos de estos proyectos han sido declarados “prácticas óptimas” y se deberán considerar para su expansión en otras regiones del país. Estos proyectos son: el Proyecto Clara destinado a ofrecer atención y asistencia a las personas que viven con VIH; las intervenciones concebidas con el fin de cambiar el comportamiento de los trabajadores del sexo y que puso en práctica el Centro para la Promoción de la Solidaridad Humana (CEPROSH); el *Proyecto Avancemos* para el tratamiento de las enfermedades de transmisión sexual; y la metodología de “uso de condones al 100 por 100” de la que fue pionera Tailandia. Entre las demás intervenciones que se han llevado a cabo con éxito se cuentan proyectos que implican la plena participación de la población beneficiaria, como pueden ser los hombres que tienen relaciones sexuales con otros hombres, los jóvenes, y los trabajadores comerciales del sexo.

Las estrategias nacionales de prevención y control del SIDA que han sido puestas en práctica en los últimos años han resultado en reducciones demostrables del número de parejas sexuales y el aumento del uso de condones entre la población en general, con lo cual se ha conseguido reducir el riesgo de infección. Sin embargo, el gobierno de la República Dominicana no ha tenido tanto éxito en su esfuerzo por ampliar el acceso a la atención médica primaria y en la incorporación de la atención al VIH/SIDA/ITS en el sistema de salud público. Aunque USAID y la República Dominicana han jugado un papel proactivo en su colaboración con la Comisión Nacional del SIDA/Coordinación Nacional para el Control de las Infecciones de Transmisión sexual y el SIDA (CONASIDA/DIGECITSS), ciertos factores debidos a cambios en el gobierno y la redefinición correspondiente de papeles y responsabilidades tuvieron como consecuencia demoras en la puesta en práctica del proceso de reforma de la salud pública. A esto hay que añadir que parte de la población más vulnerable del país necesita más servicios de prevención y atención sanitaria (por ejemplo, la población de hombres que tiene relaciones sexuales con otros hombres (jóvenes homosexuales, trabajadores del sexo varones, travestís, hombres heterosexuales), las comunidades de los bateys (trabajadores temporeros y de las azucareras) y las poblaciones confinadas (presos)).

El resumen siguiente destaca los resultados generales y las principales recomendaciones redactadas por el equipo evaluador en relación con los enfoques y estrategias del proyecto USAID. Este resumen ofrece recomendaciones específicas sobre la puesta en práctica de actividades para desarrollar las estrategias vigentes y hace hincapié en enfoques concretos durante la siguiente fase del proyecto. La Sección III de este informe expone detalles adicionales.

4. Estigma y discriminación

Los dominicanos con VIH/SIDA todavía sufren una gran discriminación. Todas las instituciones y personas entrevistadas para la redacción de este informe expresaron su preocupación al respecto. Aunque la mayoría pensaban que el estigma había disminuido (aunque sólo fuera un poco) entre la población en general, todavía existe discriminación y muchos profesionales sanitarios en los principales hospitales y ambulatorios se resisten a atender a los pacientes que sufren de SIDA. Además de esto, los médicos siguen ordenando análisis de VIH para los pacientes que van a sufrir una operación quirúrgica sin que ellos lo sepan y se niegan a asistirles si el análisis resulta positivo. Las empresas se sirven de los análisis de VIH para contratar y despedir a sus empleados, sin obtener su consentimiento previo ni ofrecerles asesoramiento antes ni después del análisis.

Recomendación:

Implementar una campaña de capacitación en el trabajo, y de información, educación y comunicación dirigida a los profesionales de la salud en todos los niveles, que incluya la formación sobre procedimientos de bioseguridad e información sobre la atención que necesitan los pacientes de SIDA. También será necesario diseñar y colocar folletos informativos y carteles sobre los derechos humanos, la solidaridad y la transmisión del VIH, especialmente en centros sanitarios. Este material informativo también se deberá poner a disposición del público en hospitales, ambulatorios y otros centros de salud.

Recomendación:

Se deberán tratar los mecanismos de difusión y refuerzo de la Ley 55-93 sobre el SIDA, tanto con los funcionarios del gobierno como con la coalición de ONG para el SIDA.

5. Difusión de la información sobre cambio de comportamiento

Aunque los anuncios en la televisión y la radio suelen centrarse en el uso de condones, los mensajes de prevención de información, educación y comunicación en los medios de comunicación de masas también enfatizan la importancia de la fidelidad y de la reducción del número de parejas, la abstinencia y el retraso de las primeras relaciones sexuales, y la difusión de información sobre el tratamiento y la prevención de las infecciones de transmisión sexual. Esta estrategia de mensajes combinados ha influido en la reducción de la diseminación de la infección por VIH, en parte porque es apropiada para el contexto cultural y sociopolítico de la República Dominicana. El problema es que no se ha trabajado lo suficiente en reducir la discriminación y el estigma, y la ignorancia y falta de información sobre el VIH/SIDA que los acompañan. Las campañas en los medios de comunicación de masas no contemplaban la inclusión de mensajes de prevención del VIH dirigidos a los hombres que tienen relaciones sexuales con otros hombres; este sector de la población (especialmente los más jóvenes entre ellos) pueden no estar recibiendo un nivel adecuado de información y servicios.

Las comunidades de los bateys de trabajadores temporeros que están dispersas por toda la República Dominicana constituyen un grupo numeroso e importante de personas en riesgo de contraer SIDA y otras ITS. Estas son comunidades empobrecidas y marginadas históricamente y es difícil hacerles llegar la información necesaria, con el problema adicional de que muchas veces no tienen acceso a servicios médicos, condones ni programas de prevención del VIH/SIDA. También la población carcelaria parece ser muy vulnerable a la infección de VIH/ITS y además no suele recibir un tratamiento eficaz ni servicios de prevención.

Recomendación:

Los avances logrados en la reducción de la conducta sexual arriesgada se deben mantener y ampliar mediante la continuación de las campañas de información, educación y comunicación centradas en la prevención de la transmisión por vía sexual de SIDA/ITS. Tales campañas deberán seguir incorporando un enfoque diverso, con mensajes que refuercen la idea de la reducción de las parejas sexuales, además de la abstinencia o la fidelidad, además de información sobre el uso de condones.

Recomendación:

El enfoque que las campañas de información, educación y comunicación tienen en la juventud se debe ampliar con la inclusión de los hombres que tienen relaciones sexuales con otros hombres, sin olvidar aquéllos que no se consideran a sí mismos homosexuales. Los programas destinados a transmitir los mensajes a los jóvenes más vulnerables en las comunidades de los bateys deben ir acompañados de la asistencia y el control esenciales para garantizar que esta población marginal dispone de los servicios de VIH/SIDA/ITS que necesita.

Recomendación:

Los programas de prevención del VIH/SIDA y los servicios de ITS para la población adulta de los bateys deben estar integrados e incluir material de información, educación y comunicación

bilingüe en criollo. En el programa de prevención del VIH/ITS también se deben incluir programas de planificación familiar y de conocimientos sanitarios básicos.

Recomendación:

Será necesario iniciar una investigación de la presencia de las infecciones y el comportamiento de la población carcelaria para poder desarrollar programas eficaces de prevención y tratamiento. La investigación se podrá realizar en colaboración con las ONG y otras organizaciones interesadas.

Recomendación:

Se recomienda la ampliación de la participación de personas que viven con VIH/SIDA en las tareas de educación de pares y en otras intervenciones para la educación sobre el VIH. Esto se puede conseguir a través de la colaboración con organizaciones de personas seropositivas, como por ejemplo la REDOVIIH+ y el Grupo Clara.

Recomendación:

Será necesario investigar más a fondo para evaluar la presencia de VIH y ITS entre los hombres que tienen relaciones con otros hombres, y otros sectores de la población masculina, para poder estimar mejor el total real de infecciones de VIH y de casos de SIDA en el grupo de hombres que tienen relaciones con otros hombres, ya que se piensa que puede ser una cifra significativa.

6. Disponibilidad y acceso a los condones

La disponibilidad de condones en la República Dominicana se ve limitada por el poder adquisitivo de la población, por lo que los grupos más vulnerables a la infección de VIH (los jóvenes y las mujeres pobres) son también los que menos acceso tienen a este importante método de prevención del VIH/ITS. Las personas que viven con VIH/SIDA también tienen un acceso limitado a los condones, por lo que aumenta el riesgo de que le transmitan el virus a su pareja.

Recomendación:

Debido a que los condones se consideran todavía el mejor método de barrera que existe para la prevención del VIH de transmisión sexual y otras ITS, es urgente la creación y difusión de una política nacional de distribución de condones. Tal política guiaría las actividades de las agencias nacionales e internacionales que trabajan en la prevención del VIH/SIDA y la atención a los enfermos, así como aquéllas que trabajan en el sector de la planificación familiar.

4. Prevención y tratamiento de las ITS

Los servicios de tratamiento y diagnóstico suelen estar disponibles en las principales ciudades objeto de los esfuerzos del proyecto USAID. El problema es que los servicios de ITS se encuentran generalmente en unidades independientes de otros centros médicos, lo cual refleja el gran estigma asociado con el tratamiento de las ITS. Este estigma se hace evidente también en la expectativa de que los trabajadores del sexo comercial asistan a los servicios de ITS a horas distintas que el resto de la población.

Gestión de las ITS

La estrategia USAID/AIDSMark para aumentar la capacidad en la gestión de las ITS y la descentralización de programas dentro de la DIGECITTS incluye la asignación de fondos y la asistencia técnica a corto plazo de la que se encarga un asesor especializado en la gestión de ITS. El asesor asiste en la revisión y aprobación del manual de gestión de ITS y en currículo nacional de capacitación. Siguiendo esta misma línea, en los ámbitos central, provincial y municipal se ha entrenado a médicos. Además, la DIGECITTS ha incluido un modelo de trabajador sanitario en su manual destinado al personal en el nivel de atención primaria.

Proyecto piloto de Tratamiento Preempaquetado de las ITS (PPI)

Los resultados preliminares indican un gran nivel de aceptación por parte de los profesionales de la salud y de satisfacción entre los clientes, tanto mujeres como varones. Este proyecto piloto, desarrollado en el mes de noviembre de 2000 por la DIGECITSS, contenía el diseño de un paquete de ITS para tres centros de atención sanitaria—uno dedicado al sector de la prostitución, otro a las tropas y otro al público en general. Se distribuyó información y material promocional entre profesionales de la salud, farmacias y boticas populares. También se asignaron y distribuyeron partes médicos y formularios de supervisión y evaluación.

Recomendación:

La gestión sintomática de las ITS se debe integrar en todos los niveles de la atención sanitaria primaria del sistema de salud pública: dispensarios, ambulatorios rurales y urbanos, centros de salud materno infantil y de planificación familiar, y ambulatorios en hospitales.

Recomendación:

Como el proyecto piloto PPI fue puesto en práctica en servicios ambulatorios especializados en ITS instalados en hospitales de la ciudad de Santo Domingo, será necesario evaluar la satisfacción de los usuarios del proyecto en otros sitios antes de aplicar el modelo a toda la nación.

5. Aumento de la capacidad

El aumento de la capacidad mediante asistencia técnica a corto plazo y giras de observación ha ayudado a mejorar la competencia del personal dentro de la DIGECITTS en la gestión de las ITS y la puesta en práctica del programa. Entre las actividades concretas destinadas a aumentar la capacidad se encuentran el desarrollo del Plan Estratégico Nacional para la Prevención y Cuidado del SIDA, el desarrollo de 12 planes estratégicos provinciales y la creación de talleres de gestión de las ONG.

Recomendación:

La DIGECITSS tendrá que insistir en el cumplimiento del enfoque sintomático en las ITS. Para hacerlo será importante centrar los esfuerzos en actividades de asistencia técnica sobre supervisión y evaluación. Estas actividades se deberán poner en práctica en los próximos años.

Recomendación:

Se deben ofrecer mecanismos y oportunidades para que organizaciones subdonatarias intercambien información sobre las experiencias que han tenido con los proyectos y con las estrategias de intervención. Estas oportunidades permitirán la difusión de la información entre las personas que participen en cursos de capacitación, seminarios y conferencias y el resto del personal de las ONG.

7. Supervisión y organización

Después de un período de cambios constantes en el personal, AcciónSIDA—una organización no gubernamental que trabaja en el sector del VIH/SIDA, dedicada al aumento de capacidad de las ONG y bajo la administración de la Academia para el Desarrollo Educativo (AED)—contrató hace poco a un asesor independiente para que revisara su plan de evaluación de forma que incluyera todos los indicadores de prevención de resultados de los proyectos (tanto el rendimiento como los efectos). También se revisaron los indicadores previos para que se adaptaran al SO2 y al IR1, y se identificaron otros nuevos para ciertos proyectos de intervención específicos y poblaciones concretas. Los indicadores de prevención se definieron según los datos de referencia existentes para 1999/2000. También se han planeado estudios de evaluación de resultados para 2002. Los indicadores están claramente ligados al objetivo estratégico y a los resultados intermedios, así como a los subresultados de niveles inferiores como se propuso al principio del proyecto. Los indicadores de procesos también han sido identificados e incluidos en el plan de evaluación.

En estos momentos, todavía no se ha realizado un análisis situacional de los proyectos. En concreto, no se dispone de información sobre los grupos de población objeto ni el contexto sociocultural en relación con la transmisión de las ITS y el VIH. Esta información es necesaria para evaluar la cobertura real de los proyectos de intervención propuestos.

Recomendación:

AcciónSIDA debe conseguir la cooperación de las ONG subdonatarias en el proceso de evaluación, para ampliar así la capacidad interna y garantizar la continuidad de la supervisión de los proyectos según los indicadores estándar, y poder evaluar así el impacto en el futuro.

Recomendación:

Se necesita un análisis situacional de los proyectos para integrar los datos epidemiológicos, de comportamiento y socioeconómicos para ilustrar la dinámica de la epidemia en el ámbito provincial y en el local.

I. INTRODUCTION

1.1 Purpose of Evaluation

The overall objective of this evaluation was to assess the midterm progress achieved towards the expected results for Intermediate Result 1, **"Increased access to HIV/AIDS/Sexually Transmitted Infection (STI) prevention and care services by at risk and affected populations of the Dominican Republic"** (IR 1) under the Strategic Objective 2, **"Increased use of Sustainable Basic Health Services and Practices"**, and to provide recommendations to USAID to strengthen or modify the IR 1 strategy.

Specific objectives were to determine whether the assumptions and strategies considered by USAID/Dominican Republic (DR) are still valid, to analyze the progress achieved toward obtaining the stated results, and to determine if capacity building is taking place and is effective.

1.2 Methodology

The evaluation team was composed of three members: an HIV/AIDS program management and evaluation specialist/team leader, a behavior change communication and HIV/AIDS research specialist, and an epidemiologist HIV/STI specialist. The methodology used in this evaluation included:

- a) A review of the enhanced Scope of Work, project documents, project papers and reports, and studies and research papers related to the HIV/AIDS situation in the Dominican Republic prior to the beginning of the evaluation and throughout the evaluation process.
- b) Group and individual meetings and interviews were conducted with the following: Synergy Project staff, Latin America/Caribbean (LAC) Bureau and HIV-AIDS Division staff at USAID/Washington, USAID/DR staff, senior officials from U.S. Government AIDS commissions and programs, key officials from the health sector, staff of the Joint United Nations Programme on HIV/AIDS (UNAIDS), European Economic Community (EEC) officials, staff of the Academy for Educational Development (AED) (AcciónSIDA), Family and Health International (FHI) representatives and funded nongovernmental organization (NGO) staff. Meetings and interviews focused on project performance to assess whether interventions were effectively applying strategies, and whether the approach and strategies used were effective in integrating components into various levels of health care and related sectors. The team also focused on determining the level of inter-agency coordination and sub-grantee achievement related to project activities. Interviewees were asked to assess project activities in relation to relevance, complementarity, and ability to reach target populations.
- c) Site visits to Santo Domingo and Puerto Plata were conducted to assess project activities targeting groups such as *bateyes* (sugar mill/migrant workers), commercial sex workers (CSWs), youth, people living with HIV/AIDS, and people attending STI clinics. These visits included observations, interviews, and discussion groups to assess the level of project

implementation and relevance to target populations, as well as the level of knowledge and participation of project staff in management, monitoring and evaluation, and decisionmaking. Focus groups were also conducted with youth in Puerto Plata and a semi-rural area near the second largest city, Santiago, to assess the impact of HIV/AIDS information, education, and communication (IEC) programs.

- d) Debriefings were conducted at the presentation of the draft report to USAID/DR, and were followed by a presentation of the draft report to the National Coordination for the Control of Sexually Transmitted Infections and AIDS (*Dirección General de Control de las Infecciones de Transmisión Sexual y SIDA* or DIGECITSS), and Accion SIDA.
- e) Debriefings were also conducted via telephone with Synergy, with regular coordination on follow-up redrafts submitted to USAID for review and comment, and final revisions incorporating the comments.

A list of contacted individuals and institutions and an agenda for evaluation team activities are included in Appendix A and B of this report.

II. BACKGROUND

2.1 Country context

Taking into account substantial under-notification of AIDS cases to the national epidemiological data system, by July 2000 there were a total of 10,738 reported HIV infections and 5,440 cumulative AIDS cases in Dominican Republic, of which 72% correspond to sexual transmission (mostly reported as heterosexual transmission). Even though the number of cases in the female population has increased considerably, the number of cases in the male population has remained steady for a decade, as has the male-to-female ratio of AIDS cases at 1.8:1.

Analysis of sentinel surveillance data from 1991 to 1997 for pregnant women at health centers in five sites indicates that HIV seroprevalence for women of reproductive age in the general population is 1.2%. Prevalence data on CSWs ranges from 2% to 9%, and STI clinics report an HIV prevalence of 3.2% for STI patients in the general population. Seroprevalence data for blood donors is less than 1%. HIV prevalence among Dominicans who applied for a US resident visa from 1988 through 1997 averaged 0.2%. UNAIDS estimated that at the end of 1999, HIV prevalence in the adult population was 2.2%, with approximately 130,000 people infected.

It appears that the HIV epidemic in DR has either leveled off or begun to decline in the past 5 years, although it must be noted that prevalence data within several important high-risk populations have not been collected since the early- to mid-1990s, including among men who have sex with men (MSMs), *bateyes*, and confined (i.e., prisoner) populations.

Recent studies indicate that the incidence of tuberculosis (TB) in DR is around 5% for adults. Among people with HIV infection, the incidence of TB increases to 14.5%. In addition to the impact on health care costs due to increased incidence of TB associated with AIDS, other

problems, such as the appearance of drug-resistant strains of TB, make treatment more difficult and costly.

STI incidence and prevalence are particularly high in the Dominican adult population. Chlamydia is the main STI among CSWs who seek medical treatment; prevalence in this group is reported at 15 %. Since 1984, *gonorrhea* and *syphilis* infections have declined; however, it should be pointed out that 75% of *Neisseria gonorrhea* infections occur among persons who are resistant to penicillin.

After acute diarrhea and respiratory infections, the main reasons for consultations among women attending primary health care centers are vaginal discharge and lower abdominal pain. The 1996 Demographic and Health Survey (*Encuesta Demográfico y de Salud* or ENDESA-96) found that 30% of women surveyed reported an STI in the 12 months prior to the interview.

The team found clear evidence of political willingness and commitment by the government of DR (GODR) to make the fight against AIDS a priority, as demonstrated by the recently created (September 2000) Presidential AIDS Commission (*Comision Presidencial del SIDA or COPRESIDA*). The decree creating the Commission proposed a multisectoral approach to the fight against HIV/AIDS through the involvement of each of the following institutions: State Secretary of Education and Culture; Secretary of Tourism; the Armed Forces and National Police; the National Council for Superior Education; the National Business Council (CONEP); the Network of Persons Living with HIV (REDOVIH+); and the NGO Coalition for AIDS.

The proposed 2001 budget for COPRESIDA is US\$ 7,822,000, which covers primary prevention, vertical transmission, post exposition prophylaxes and care for AIDS patients, epidemiological research, institutional strengthening, and legal support.

COPRESIDA will also be responsible for managing additional funds to complement implementation of the National Strategic Plan for HIV/AIDS (*Plan Estrategico Nacional* or PEN). Funds are being negotiated with several agencies, including the World Bank (for a 4-year, US\$20 million loan), other government sectors, UNAIDS, EEC, and the private sector. The Japan International Cooperation Agency (JICA) has donated US\$170,000 through the World Bank for COPRESIDA start-up activities.

The concern about AIDS in DR dates back to 1983 when the first AIDS case was identified. In 1987 the National Sexually Transmitted Disease (STD) and AIDS Control Program (*Programa de Control de Enfermedades de Transmisión Sexual y SIDA* or PROCETS), was created within the Secretary of Public Health and Social Assistance (*Secretaría de Estado de Salud Pública y Asistencia Social* or SESPAS) to implement prevention and surveillance strategies. Consequently, CONASIDA was formed. In 1998, DIGECITSS replaced PROCETS and began to focus on a national coordination and normative role for HIV/AIDS prevention and control for DR. With the creation of COPRESIDA, DIGECITSS will maintain the role of representing SESPAS within the Presidential Commission.

2.2 USAID Project and Strategies

For approximately the past decade, USAID/DR has supported the coordination and improvement of public and private service delivery and the establishment of prevention interventions for the control of HIV/AIDS. In 1998, USAID/DR revised its Strategic Objective 2 for the Health and Population Sector, following Hurricane George. The 1999-2004 Strategic Objective was modified to: **“Increased Use of Sustainable Basic Health Services and Practices.”** The Intermediate Result 1 under SO2 for HIV/AIDS/STI became: **“Increased access to HIV/AIDS/STI prevention and care services by at-risk and affected populations of the Dominican Republic.”**

USAID strategic areas of intervention are:

1. Increasing knowledge, risk perception and health-seeking behavior among the most vulnerable groups;
2. Promoting the expansion of STI/HIV/AIDS information and services to ensure universal access of couples and individuals;
3. Encouraging community, private, and GODR collaboration and involvement;
4. Improving availability and use of data to monitor STI/HIV/AIDS prevalence and trends;
5. Advocating a policy environment that continues to allocate increased resources in the national budget;
6. Supporting community-based programs to provide care and support to people infected and affected by HIV/AIDS.

Proposed target populations include youth, women, STI patients, people living with and affected by HIV/AIDS, and core transmitter groups. Major partner organizations in country are: UNAIDS, to move the HIV/AIDS prevention agenda forward, the Pan American Health Organization (PAHO), to provide technical assistance to the national AIDS program, the European Union-EEC, to support mass communication and pilot community interventions, and local NGOs.

2.3 Vulnerable/target populations

Youth: A major focus of the national plan and USAID’s HIV prevention strategy has been on youth, a cohort with high HIV/STI infection rates. While programs directed mainly at heterosexual youth have begun to be implemented, it appears that young MSMs have not been sufficiently targeted under current strategies and remain at high risk of HIV infection. This group, including underage male CSWs, may represent a substantial proportion of overall HIV/STI transmission among youth.

Women: Women also continue to be a major focus of prevention efforts, and while these efforts have had some impact among female CSWs, other at-risk women, such as those in longer-term affairs (*parejas de confianza*), domestic workers, and *bateye* residents, remain largely outside the purview of current programs. Prevention efforts have also failed to address the high risk of HIV transmission posed by anal intercourse, in part due to strong cultural taboos. Because of these

taboos, condoms are less likely to be used during anal intercourse than during vaginal sex, and most women in the community (along with many health professionals and prevention workers) appear to be unaware of the unusually high risk of HIV infection during heterosexual anal sex. A 1996 study found that certain bisexual men, known as *bugarrones*, report especially high rates of anal sex with their female (and male) partners. However, health promoters and HIV educators in Puerto Plata and Santo Domingo, for example, report that while the most commonly asked questions asked during AIDS “raps” (*charlas*) concern the risk of oral sex, (heterosexual) anal intercourse is “never asked about.” In addition, so-called “dry sex” appears to increase risk of heterosexual HIV infection.

Bateyes: These sugar mill/migrant worker communities (or former sugar plantations) continue to constitute an important high-risk population for AIDS and other STIs. Due to conditions of abject poverty, a lack of health services, and a history of high mobility and sociocultural-linguistic marginalization, *bateyes* remain an immense, far-flung, and highly challenging target population for HIV/STI services and prevention campaigns.

Men: During the past 10-13 years, the proportion of male AIDS cases has remained fairly constant, hovering around 65% of total cases (SESPAS/DIGECITSS). While 3.5% of cumulative AIDS cases have been reported as homosexual transmission and another 4.3% as bisexual infection, different surveys in 1987, 1994 and 1998; biological studies in 1997 and 2000; and qualitative and anecdotal evidence suggest that the actual proportion of total HIV infections due to MSM activity may be higher than is officially reported. The accumulation of such evidence leads to a possible hypothesis that the DR may have a bisexual HIV epidemic, which would help explain the epidemiological situation of the nearly constant 1.8:1 male-to-female ratio maintained over the past 10 years. In more purely heterosexual epidemics, such as in most of sub-Saharan Africa, a 1:1 ratio is typically reached within a few years into the epidemic.

Due to the intense stigma surrounding homosexuality in Dominican society, many men who at least occasionally engage in MSM activity, especially those who are married and are mainly (or ostensibly) heterosexual in orientation, tend to engage with male partners in a very discreet or “invisible” manner. For this reason, and also because they may be unaware of the extremely high risk of HIV transmission through anal sex, such men, if found to be infected, are likely to be reported (and self-identified) as cases of heterosexual transmission.

Health care professionals interviewed for this evaluation expressed a “strong intuition” that “perhaps a large majority of infected men are probably bisexuals.” The fact that condom use among female CSWs appears to have reached levels of up to 90% in cities where there have been constant interventions for a number of years, lends further weight to the possibility that a large proportion of male HIV cases are in fact due to MSM transmission.

Although one fairly small NGO has led a dedicated campaign among gay men, mostly in the capital, other MSM populations have largely been ignored, including male CSWs, transvestites, bisexuals, MSMs in rural areas and residents of *bateyes*, youth/boys engaged in male sex work or other MSM activity, prisoners/confined populations, as well as male heterosexuals and the male population at large.

A number of risk factors are present for rapid heterosexual spread of HIV/AIDS in DR, including extensive multiple partnering, high prevalence of STIs, “dry sex” practices, and lack of male circumcision, which is associated with increased risk of female-to-male HIV infection.

Prisoners/confined population: This group represents another largely neglected, high-risk population. Male as well as female inmates are reported to engage in CSW or MSM activities and possibly other risky practices. Contributing factors include lack of condom availability and STI/HIV treatment services, and gaps in institutional responsibility for health care delivery and prevention programs.

III. KEY FINDINGS AND RECOMMENDATIONS

3.1 Program Management and Implementation

Reported program implementation on sub-result areas 1, 2, 3 and 4—including IEC, policy support and information dissemination, access to STI/HIV/AIDS services, and technical assistance and capacity building to both government and nongovernmental organizations—has been quite successful. Through interviews with the staff of different USAID-funded projects, the team was able to assess satisfaction with AcciónSIDA's established management processes. AcciónSIDA seems to have well-trained staff available to attend to subgrantees in the diverse areas of support that are required for project implementation. However, the monitoring and evaluation component of the program has suffered due to high staff turnover.

Disbursement delays, supervision problems and funding interruptions have also plagued AcciónSIDA's NGO projects, mostly as a result of an unsuccessful initial partnership with Plan International. Though AcciónSIDA's contract with Plan International has been terminated and affiliated NGOs are pleased with their professional and supportive relationship with AcciónSIDA, they are still concerned with the project's capacity to manage monthly financial reports and disbursements. Delays on programmed disbursement of funds continue to pose problems.

Recommendation: The workplan for submission of monthly financial reports for reimbursement of expenses by subgrantees should be evaluated for practicality and administrative effectiveness.

Recommendation: An assessment of more dynamic administrative and financial procedures might be useful for new project approval and contract extensions in order to avoid discontinuation of disbursements. Under such procedures, interruption of activity implementation and dismissal of trained NGO staff due to delay of project extension approvals might be avoided.

3.2 Stigma and Discrimination

High levels of stigma and discrimination continue to be directed toward Dominicans living with HIV/AIDS. Every institution visited and person interviewed for this report expressed concern on this topic. Though most agreed that stigma had diminished (if only somewhat) among the general population, a high level of discrimination remains, and many health professionals at major public

hospitals and clinics continue to resist caring for AIDS patients. In addition, physicians continue to request HIV tests from patients who are eligible for surgery without their knowledge and refuse to assist them if the test result is positive. Businesses use HIV tests in hiring and firing decisions without obtaining the employee's consent or offering pre- or post-test counseling.

Recommendation: Design and implement in-service training and IEC campaigns directed toward health professionals of all levels, including in-service training on biosafety procedures and information about the care of AIDS patients.

Recommendation: Informational materials and posters focusing on human rights, solidarity, and how HIV can and cannot be transmitted in health settings, should be developed and placed in hospitals, clinics and other health facilities.

Recommendation: Informational materials and posters focusing on the need for pre- and post-test counselling should be developed and distributed in health facilities and workplaces.

Recommendation: Mechanisms for the dissemination and reinforcement of AIDS Law 55-93 should be discussed with both government officials and the AIDS NGO Coalition.

3.3. Behavior Change Communication (BCC)

Sexual Conduct and Behavioral Change Background

According to available survey, focus group and interview data, and further corroborated in accounts by prevention professionals and anecdotal information, a significant reduction in risky sexual behavior has occurred among substantial segments of the Dominican population. Notably, men report more frequent condom use for CSW-based and other casual sexual encounters and an overall reduction in numbers of partners.

Beginning in 1996, qualitative evidence emerged from male and female focus groups conducted by the Dominican Association for the Promotion of the Family (*Asociación Dominicana Pro-Bienestar de la Familia, Inc.* or PROFAMILIA)—an International Planned Parenthood Federation affiliate and subgrantee of AcciónSIDA—that indicated a change in male behavior due to awareness and fear of AIDS. Both genders reported reductions in the number of sex partners and increased condom use with sex workers or partners they did not know well. The 1996 DHS survey earlier found that 85% of a national random sample (urban and rural) of 2,273 men claimed changes in sexual behavior because of their concern over AIDS. The 1997-98 PROFAMILIA Sexual Behavior Change study of 1,400 male respondents found that 27% reported consistent condom use during the previous 60 days. Recent data by one of the same investigators indicate that such behavioral changes, which continue to stem from a palpable fear of contracting HIV, have continued essentially unchanged. Similar fears do not appear to apply to STI infection other than HIV.

In effect, widespread, unprotected multiple partner practices, which were reportedly common 10 or more years ago, have decreased substantially, although considerable levels of multiple partnering and, at times, low condom use persist among some populations of teenagers/young people. Also, condom use in stable relationships and more “trusting” affairs generally continues

to be low. Nevertheless, HIV and STI rates in DR have leveled off or decreased since the mid-1990s. It should be noted that HIV seroprevalence (as well as behavioral survey) studies have not been conducted (or at least analyzed) among some important high-risk populations (e.g., MSMs, *bateye* residents, inmates), since the early- to mid-1990s.

Mass Media BCC Campaigns

Most large-scale IEC efforts have been oriented to prevention of sexual (usually strictly heterosexual) HIV transmission. Although television and radio spots often focus on condom use (either explicitly or by suggestion), IEC/mass media prevention messages also emphasize partner reduction/fidelity, abstinence/postponement of sexual debut (e.g., the recent “El Sexo Puede Esperar” campaign), and dissemination of information on STI treatment/prevention. With support from the media, this strategy of combined messages has made an impact on HIV infection, partly because it is appropriate to the DR cultural and sociopolitical context. However, there is a need for greater “bottom-up” input into the design and evaluation of public prevention campaigns.

Discrimination, stigma, and associated ignorance and misinformation about HIV/AIDS have not been adequately addressed in media campaigns (a notable exception was a briefly aired, highly regarded TV spot many years ago, showing an HIV-positive person celebrating his birthday with coworkers who freely embrace and comfort him). A 2001 Knowledge, Attitudes and Practices (KAP) survey by AccionSIDA of *bateye* residents near the capital, for example, found that 54% believe that HIV can be transmitted through use of public toilets; 59% believed that HIV can be transmitted through mosquito bites.

In addition, there is evidence of a widespread lack of information among lay people—across all socioeconomic and regional strata—regarding STIs other than HIV/AIDS. In a focus group conducted with a dozen youth living in a semi-rural community near Santiago, only three could name *any* STI, and none, including a community health worker, had heard of genital herpes, a common and incurable STI. An AccionSIDA-sponsored TV spot recently attempted to address discrimination against and the rights of people living with HIV/AIDS, and is considering addressing the popular myths surrounding casual transmission and associated stigma in a future TV spot.

Mass media prevention campaigns have also neglected to address the significant proportion of HIV infections due to MSM activity. This is not surprising, given the historically conservative nature of various religious and cultural institutions. Prevention of HIV infection among MSMs will continue to be an important and highly challenging aspect of BCC/IEC campaigns in DR.

Recommendation: The gains that have been achieved in reducing risky sexual behavior should be maintained and extended through continuation of IEC campaigns oriented to prevention of sexual transmission of AIDS and other STIs, and should continue to involve a diverse approach, including partner reduction and abstinence/fidelity messages, and dissemination of information on condom use.

Recommendation: Greater “bottom-up” input is needed in both design and post-screening evaluation of mass media prevention campaigns. This can be implemented, for example, through the use of focus groups carefully selected to embody a representative sampling of the target population.

Recommendation: Notwithstanding the obvious sociocultural limitations, mass IEC campaigns should pay at least minimal attention to (or at least a subtle suggestion about) the risk of HIV/STI infection for MSMs, in addition to the infection risks for heterosexuals.

Recommendation: Further attention must be paid to reducing the stigma and associated lack of accurate information concerning the risk of casual transmission of HIV/AIDS.

Peer Education, Theater, and Community Involvement (by Sector)

Youth: Several NGOs have been working with youth, mainly through utilization of face-to-face peer health promoter networks, popular theater approaches, and other appropriate forms of “low-tech” IEC. Such methodologies for the prevention of HIV/STIs among youth include a PROFAMILIA project that integrates the youth “information multiplier” method, discussion groups, and theatrical presentations into communities and schools. This program relies on parent involvement within a youth-friendly clinical setting for the diagnosis and treatment of STIs, counseling and provision of family planning methods, and condom distribution. PROFAMILIA also works with barbershops, beauty salons, and other community-level actors such as firefighters, policemen and the Red Cross, who can serve as examples/mentors to youth. Prevention efforts among the *bateye* population are now focusing exclusively on youth. An extensive peer health promoter intervention is being implemented in a number of *bateyes*, mainly located near the capital.

Some IEC efforts have encouraged parents to openly discuss sexuality with their children. However, many youth report that their parents rarely, if ever, address sexuality or HIV/STI-related themes at home.

Because youth programs have been primarily directed at preventing heterosexual HIV transmission, it appears that current strategies are not reaching young MSMs (including underage male CSWs, many of whom, along with other MSM youth, do not self-identify as openly homosexual); this group continues to be at high risk of HIV infection.

Recommendation: The focus on youth should continue, and organizational efforts to reach harder-to-access youth populations need to proceed and expand.

Recommendation: Programs to reach at-risk youth in the *bateye* communities should be adequately supported and monitored to ensure that a sufficient level of services is delivered to this economically, culturally, and linguistically marginalized population.

Recommendation: Encouragement of greater participation by parents in their children’s sexual education, and discussion of sexuality within the family context, should be continued and strengthened.

Recommendation: The focus on youth should expand to encompass young MSMs, including those who do not necessarily self-identify as homosexual.

Women: Due in part to the dedicated work of NGOs (e.g., the Center for Integral Orientation and Studies (*Centro de Orientación e Investigación Integral, Inc.* or COIN) and the Center for the Promotion of Human Solidarity (*Centro de Promoción y Solidaridad Humana, Inc.* or CEPROSH)), condom use among female CSWs appears to have risen impressively. In one study, between 92% (street CSWs) and 100 % (in formal CSW “houses”) of sex workers reported using condoms during encounters with their previous five clients. STI services for female CSWs have also improved somewhat, although STI treatment and prevention in this population requires greater attention. Other organizations such as Dominican Women in Development (*Mujeres en Desarrollo Dominicana, Inc.* or MUDE) have been working with rural and other female populations, although a greater level of input is required to reach additional high-risk and hard to reach women, including those involved in longer term “trusting” affairs (*parejas de confianza*), domestic workers, and *bateye* residents.

Due to cultural taboos, prevention programs have not educated the public about the high risk of HIV infection through (receptive) anal intercourse. Due in part to a strong reluctance to discuss anal sex, condoms are less likely to be used for this practice, which is associated with an HIV infection risk 12-20 times higher than that of receptive vaginal intercourse (and much riskier still than forms of oral sex). One possible approach to disseminating this type of prevention information could be to emphasize the high-risk nature of certain *practices* such as anal intercourse and dry sex, as opposed to specifying particular populations (e.g., MSM) that are viewed as more likely to engage in such activities. Furthermore, the Church and other traditionally conservative cultural institutions may not necessarily oppose IEC efforts focused on the high risk of anal sex, since such messages would be consistent with their ideologies regarding such practices.

Recommendation: Preventive, clinical and other HIV/STI services for at-risk women must continue in order to maintain and extend the gains that have been realized in HIV prevention in this population. Education efforts should aim to reach high-risk and marginalized women, such as domestic workers and *bateye* residents.

Recommendation: Where appropriate (e.g., perhaps beginning with a pilot project on the North Coast), IEC campaigns should be developed to inform women (in addition to MSMs) of the unusually high risk of anal intercourse in addition to the additive risk of cultural practices such as dry sex.

MSMs: Early in the country’s AIDS epidemic, much of both public risk perception and of prevention programming was concentrated on this population. In subsequent years, greater attention has been placed on women, youth and other at-risk groups. Current prevention strategies need to address the fact that a considerable share of new HIV infections among men continue to be associated with MSM practices. Available data support this finding despite indications that cases among women and heterosexuals continue to comprise a large proportion of overall HIV transmission. If nearly all IEC and other prevention efforts are directed at

heterosexual transmission, a real danger exists that MSMs (and young MSMs in particular) may not be receiving an adequate level of HIV/AIDS/STI services and information, particularly concerning the high risk of receptive anal sex.

One small but dedicated NGO, Friends Always Friends (Amigos Siempre Amigos or ASA) has been leading an ongoing campaign among MSMs, but most of its work has focused on those who are more or less “out” as homosexuals. Given the magnitude of effort required, it is unlikely that a small NGO would be capable of implementing and managing such programs single-handedly throughout the country. Meanwhile, other MSM populations are largely ignored, including transvestites, who have been found to have by far the highest HIV prevalence levels of any group (34% in a 1994 study), male CSWs, bisexuals, and MSMs in the *bateyes* (also typically not openly “gay”). Other neglected groups include MSMs in rural areas (in fact, in most areas outside the capital, including the North Coast), prisoners/confined populations, and male heterosexuals.

Recommendation: Increased input is urgently needed to expand successful prevention efforts among homosexual men in the capital to other subpopulations and regions, including male CSWs, transvestites, bisexuals, MSMs in other cities and rural areas, residents of *bateyes*, young men/boys engaged in CSW or other MSM activity, prisoners/confined populations, and the evidently sizeable group of “hidden” MSMs in the general population.

Recommendation: One potential approach for reaching men would be to focus some prevention efforts on male heterosexuals or the male population in general (i.e., without specifying any sexual orientation in particular).

Recommendation: Because a single NGO with limited personnel resources (ASA) is presumably not capable of reaching all MSM subpopulations in all regions of DR, collaboration between ASA and other NGOs such as COIN and CEPROSH should be investigated. Working together, these groups may be able to develop effective programs targeting male sex workers, transvestites, MSMs in the North Coast, young MSMs, and other previously underserved MSM populations.

Recommendation: More research is required to measure HIV and STI prevalence in MSMs and other men, thereby strengthening estimates of the actual proportion of total HIV infections or AIDS cases comprised of MSMs.

Recommendation: The feasibility (e.g., projected client use, cost-benefit analysis) of developing an STI treatment clinic specifically oriented to the MSM/male population should be investigated.

Bateyes: In recent years, HIV/AIDS prevention programs have increasingly focused on sugar mill/migrant communities, which are located throughout DR and continue to form a large and important high-risk population for AIDS and other STIs. However, due to socioeconomic marginalization and cultural and linguistic limitations, providing health care services, condom access, and HIV/AIDS prevention programs to these poor communities remains a challenge. The evaluation team did not evaluate the Center for Social Cultural Activities' (Centro de Animación Socio-Cultural or CASCO) now-terminated prevention program among *bateye* adults.

Recommendation: Continuous monitoring and evaluation of the *Bateye* Project is recommended to insure an adequate level of direct service delivery to the target youth population.

Recommendation: Development of prevention programs and (STI/primary health) clinical services for the adult *bateye* population is recommended, in addition to development of a youth program.

Recommendation: Development of IEC campaigns (including perhaps radio/audio materials) in Creole is recommended.

Recommendation: Integration of family planning (and primary health) programs with HIV/STI prevention efforts is needed for the *bateye* population.

Inmates/Confined Populations: Time and logistical constraints precluded a site visit to a prison, but according to research and discussions with professionals working with the prisoner population, inmates appear both to be at high risk of HIV/STI infection through sexual (and possibly drug-related) transmission and also tend to receive very little in the way of effective treatment or health prevention services. In general, these at-risk populations have “fallen between the cracks;” the government has not accepted any responsibility for prisoners' health care and other needs.

Recommendation: Analysis and publication of existing KAP data should be completed. In addition, HIV/STI seroprevalence and possibly behavioral practices studies should be conducted in different confined populations.

Recommendation: Development of HIV/STI prevention and treatment programs for prisoners and other confined populations is needed, possibly in conjunction with NGOs or other interested organizations.

Persons Living with HIV/AIDS (PLWHAs): In addition to the aforementioned crucial need for greater IEC efforts to reduce discrimination, stigma and misinformation faced by PLWHAs—not to mention a variety of unmet treatment/care/support needs—there is a great need for broader participation by this group in HIV/AIDS *prevention* programs.

Recommendation: Demand for peer counseling and other HIV education interventions performed in part or in full by PLWHAs should be increased. Such interventions should be developed and staffed through networks of HIV-positive persons, such as the *National Network of Persons Living with HIV/AIDS* (Red Nacional de Personas que Viven con VIH or REDOVIIH+) and Grupo Clara.

Target Population Recommendation: Surveillance, epidemiological, and sociocultural data—although not always complete or recently updated—suggest that while HIV infection rates in some antenatal sites remain relatively significant, the epidemic is still largely concentrated among “core transmitter” and other high-risk groups (i.e., CSWs, MSMs, and *bateye* residents). Therefore, the national prevention strategy should continue to focus on both the general (female

and male) population as well as high-risk subpopulations. In addition, it is important to note that most prevention, care and other HIV/STI programs continue to function largely as pilot programs in the capital and to some extent in the North Coast, while other regions continue to lack service delivery.

3.4 STI Prevention and Treatment

STI Management

The USAID/AIDSMark strategy for capacity building in STI management and program decentralization within DIGECITTS includes allocation of funds and short-term technical assistance provided by a senior STI management consultant. The consultant assists with revision and validation of the STI management manual and the national training curriculum. Medical doctors have been trained at the central, provincial and municipal levels. In addition, DIGECITTS has incorporated a primary health worker model into its manual for care providers at the primary level.

An absence of drugs, together with widespread client inability to pay for drugs, has resulted in a limited prescriptive practice among physicians who have attended STI training. The general population is not aware of the importance of early treatment of STIs, nor do they have sufficient information on STIs to be able to recognize their symptoms. Female CSWs are an exception. They have been targeted by intervention projects managed by AccionSIDA (i.e., CEPROSH and COIN) that promote behavior change and mandatory periodic health exams.

Recommendation: Integration of STI syndromic management into primary health care at all levels of the public health system is needed. This includes dispensary, rural or urban outpatient clinics, maternal and child health or family planning sites, as well as hospital outpatient clinics.

Pre-Packaged Treatment (PPT) Pilot Project

In November 2000, DIGECITTS completed a pilot project to promote the use of PPT for STI treatment. STI syndromes to be treated via PPT included GUS, urethra discharge, vaginal discharge, and both vaginitis and cervicitis. The project included design of an STI package for three health care centers—one serving CSWs, one serving military troops, and one serving the general population. Information and promotional materials aimed at health professionals were disseminated through drug stores and popular pharmacies or “boticas populares.” Medical registry and monitoring and evaluation forms were also distributed. Drugs were provided by the public health system (SESPAS-PROMESE).

The project's main objective was to assess client and provider acceptability and satisfaction regarding PPT. The project was implemented in specialized STI outpatient clinics at hospital sites in the capital city of Santo Domingo, where two of the services are targeted to female CSWs and their clients, and the third to military personnel.

Preliminary findings include:

- 44% of all patients who received PPT returned for a second consultation. STI symptoms disappeared for 88% of patients.
- 33% reported condom use with a regular sexual partner; 26% reported use with casual partners.
- 85% read the information on the PPT kit, and 67% gave referral cards to their sexual partner. 89% reported satisfaction with PPT; 5% were not satisfied due to persistence of symptoms or side effects.
- Men returned for treatment more frequently than women, as did military troops and persons with a previous history of STIs.
- The project manager reported operational problems in completing forms and clinical histories. This has been documented as a major problem in maintaining medical registry and vital statistics in DR.

Recommendation: Client satisfaction with PPT should be measured in other cities before considering national scale-up of the pilot project.

3.5 Voluntary HIV Counseling and Testing (VCT)

The “Dominican Model for VCT” has completed its first stage of development. There is wide consensus among NGOs and the public health sector that VCT is a feasible strategy for DR and there is need for strengthening referral centers and creating new ones, based on service contract agreements between the private and public sectors. Major participation and commitment on the part of both private and public sectors is needed. A first-year plan for implementation of VCT services is available as an instrument for resource allocation.

Recommendation: The private sector should be engaged in a VCT strategy, since it serves as the major provider of HIV testing services.

Recommendation: A VCT strategy should be linked with a policy dialogue component through the enforcement of AIDS Law 55-93, which prohibits the indiscriminate use of HIV testing, especially without appropriate counseling services.

3.6 Availability and Access to Condoms

The initial condom social marketing strategy implemented by USAID through PSI/AIDSMARK and John Snow, Inc. was not effective due to several constraints, including incoming contraband shipments of low-priced socially marketed condoms from Haiti. The well-known “Pante” condom was introduced to the market at a lower price than the official socially marketed condoms for DR. In addition, local counterpart contributions within the decentralized health system did not occur on schedule. There is some distribution of “family planning project condoms” via family planning services and clinics.

Recommendation: Coordination of, and advocacy for, a national condom policy is urgently needed. This policy should provide access to condoms for poor and marginalized populations in

DR, and should involve a coordinated effort among international and national agencies in family planning and HIV/AIDS prevention and care.

Recommendation: Condom distribution must be made available for targeted populations who are vulnerable to HIV and have limited access to resources (i.e., persons living with HIV, poor women and youth in *bateye* populations, prison inmates and other confined populations, clients of STI clinics, and CSWs).

3.7 Program Monitoring and Evaluation (M&E)

NGOs

Strategic planning exercises have provided an opportunity for NGOs to review strategies, develop monitoring and evaluation frameworks to ensure coverage of programmatic areas, and set up mechanisms for data dissemination. Engagement in the decentralization of the health system was intended to bring planning and resource allocation to the provincial level.

USAID's M&E framework includes well-defined program goals, target populations, objectives, and process indicators. The M&E plan was implemented through information gathering and monitoring of individual projects but without feedback to or participation of appropriate community or NGO staff. The process was also carried out without evaluating how project implementation feeds back into the overall USAID program plan.

DIGECITSS

Supporting effective program implementation through providing quality and timely assistance to NGOs is an important component of the USAID project. Technical assistance consultants provided to DIGECITSS through the "Limited Scope Grant," complemented by FHI/IMPACT and AIDSMARK, have been helpful and supportive, but some program areas remain in need of continuous support. DIGECITSS has acquired new, more accommodating office space and has implemented appropriate staff organizational development and capacity activities to take a leadership role in setting norms and coordinating HIV/AIDS/STI programs in DR.

However, the same result has not been achieved in program M&E. The staff perception of DIGECITSS is that development of information systems capacity for program M&E will be achieved through equipment and human resources such as computers, networks, software, computer training, data entry personnel, and information resource coordination. Staff place a lot of importance on the design and use of forms as a way to supervise activities in the absence of a well-designed process for M&E of programs and projects.

As a consequence, DIGECITSS is not using all available funds and has not developed a design for monitoring implementation of the National Strategic Plan for HIV/AIDS. Achievement of expected results is reported by activity, and only in some cases by subproject, thereby making it difficult to assess overall results and impact. In addition, while outcome indicators have been introduced more widely in project design (logical framework), it is difficult to demonstrate how project results from program- and facility-based data allow for program monitoring, or how

population-based biological/behavioral data allow for impact assessment. Identification of best practices is made difficult in the absence of clear process indicators, which are critical to guarantee sustainability.

Recommendation: Training and technical assistance should be focused on a module on monitoring and reporting progress.

Recommendation: NGO staff should be provided with tools and training in processing and analysis of data and information.

3.8 Involvement and Coordination with GODR

SESPAS, through PROMESE, has already included STI drugs in its essential drugs list, since they are used to treat non-STIs such as respiratory infections. For outpatients, the availability of these drugs through the “boticas populares” is irregular though they are available at low cost . A recent agreement between DIGECITTS and PROMESE has guaranteed provision of both drugs and materials to assemble PPT kits, as well as resources to further assess (in the same areas of previous pilot intervention) the social marketing of PPT.

Recommendation: Additional pilot sites should be selected for testing of PPT, and marketing of PPT should be expanded beyond pilot sites. One idea is to introduce PPT in locations that are already beneficiaries of other intervention projects.

Recommendation: More operational research is needed to assess the affordability of PPT and feasibility of STI treatment and control in family planning and other settings.

Recommendations: Further intervention trials and feasibility studies are needed for community-wide clinical and behavioral interventions.

Recommendation: Promote community-based integrated care systems for STI control that combine behavior change messages absorbed by community members through mass media and interpersonal strategies.

3.9 Partners

Government and non-government officials expressed agreement that coordination in the use of financial and technical resources for AIDS control and prevention has improved, as has collaboration among donors in implementing major HIV/AIDS strategies established under the National Strategic Plan.

Recommendation: USAID should promote continuous dialogue among donors and participation in policy discussions. Mechanisms established in country by UNAIDS thematic and technical theme groups should be utilized to determine which intervention areas are priorities.

3.10 Private Sector and Business Community

Private sector involvement in HIV/AIDS activities in DR has been minimal and inconsistent. Though the tourism and hotel industries have participated in some HIV/AIDS/STI prevention efforts, project sustainability has been limited. Executive managers of hotel chains are often located outside of the capital and occasionally outside the country, making it difficult to negotiate availability of personnel dedicated to HIV/AIDS prevention activities.

Recommendations: Efforts should be directed toward contacting private companies and multinational enterprises active in DR to engage in HIV/AIDS prevention, in accordance with internationally recognized norms.

Recommendation: Contacts with the National Business Council (CONEP) should be systematized.

IV. FUTURE DIRECTIONS

Despite successful efforts made in DR to control the HIV/AIDS epidemic, conditions exist for a rapid spread of infection in the general population. These conditions are evident in high STI rates; high birth rates among youth and adolescent women; active migration to and from DR; a growing number of sex workers; "hidden" homo- and bisexual practices; and widespread stigmatization of AIDS, which precludes open discussion of the disease.

Constant migration of people to and from DR leaves the country particularly vulnerable to rising infection rates. More than 2 million tourists visit DR each year. More than 500,000 Haitians are estimated to be residing legally or illegally in DR, most of whom are young male migrant workers in construction or agricultural trades. An estimated 1 million Dominicans reside in the United States, with a high concentration in New York City, and Dominican women often migrate to Europe, Haiti and the rest of the Caribbean, in many cases to engage in sex work.

In addition to addressing the risk of HIV infection among migrants, it is imperative that prevention efforts reach Dominican youth. Studies carried out among DR adolescents indicate early and unprotected sexual debut. In 1998, 23% of all pregnancies occurred among women and girls under age 20.

Taking these factors into account—and in addition to the recommendations outlined above that relate directly to USAID/DR Strategic Objective 2 and Intermediate Result 1—the team offers the following recommendations to be considered on a long-term basis.

Recommendations:

- 1) Promote second-generation surveillance studies, including behavioral surveillance of general population groups such as women at antenatal clinics, as well as high-risk groups and core transmitters.

- 2) Expand research activities to include serosurveillance of HIV/STIs and behavioral practices in diverse populations (e.g., MSMs, *bateyes*, inmates) and regions of the country (e.g., Santiago) where there is no data collected on HIV/AIDS.
- 3) Commence research on risk factors including anal sex (MSM and heterosexual) and dry sex, and begin surveillance studies on STIs including Herpes-Simplex Virus-2, a still incurable and in many regions increasingly important STI implicated in HIV transmission.
- 4) Support implementation of proven interventions to prevent mother-to-child transmission. Such interventions have been carried out with success in four DR hospitals, and are scheduled to be replicated in additional sites.
- 5) Investigate safe alternatives for artificial feeding of babies and support related services such as milk banks and liquid formulas, and provision of information and counseling for mothers.
- 6) Promote exchange of best practices and successful interventions in clinical sectors between cities such as Puerto Plata and Santo Domingo, and between physicians in military hospitals and other public hospitals, regarding issues such as mother-to-child transmission, biosafety, and voluntary counseling and testing.
- 7) Promote greater involvement by church leaders and members in HIV/AIDS care and prevention. This largely untapped and critical sector has the potential to curtail a national epidemic.

APPENDICES

A. SCHEDULE OF VISITS

January 15	Arrival in Washington, D.C.
January 16	Evaluation Team briefing by: TvT/Synergy: Saha AmaraSingham, Barbara De Zalduondo, Lori Salins USAID/Washington LAC Bureau and G/PHN/HIV-AIDS Division: John A. Novak and Carol J. Dabbs Travel to Dominican Republic
January 17	Entry meeting with USAID/DR: María Castillo, David Losk and Marina Taveras Team planning meeting
January 18	AcciónSIDA: Tito Coleman, Tanya Medrano, Ceneyda Brito, Victor Pérez and Hoisex Gómez Health Secretary/ DIGECITSS: William Hernández Basilio
January 19	ONUSIDA: Ernesto Guerrero COPRESIDA: Luis Emilio Montalvo Arzeno AcciónSIDA: Tito Coleman, Tanya Medrano, Ceneyda Brito, Victor Pérez and Hoisex Gómez
January 20	Evaluation Team progress review meeting
January 22	PROSISA: Antonio Sánchez REDOVIH+: César Castellanos ASA: Leonardo Sánchez PROFAMILIA: Magaly Caram de Alvarez
January 23	ADOPLAFAM: Ramón Portes Carrasco COIN: Santo Rosario, Luis Moreno CASCO: Bethania Betances, Elizardo Puello, Batey Project team DIGECITSS; Sofía Khoury, Mayra García, María Isabel_____ and Clara Morillo IDCP: Rafael Alcántara INSALUD: Guillermo de la Rosa INSALUD/PREVISA: Jaime de la Rosa REDSALUD: Patricio Murgeytio
January 24	Batey “Bienvenido”, Haina, San Cristóbal Batey “Esperanza”, San Pedro de Macorís

January 25	<p>Puerto Plata</p> <p>CEPROSH - Avancemos and 100% Condom CSW-Projects: Bayardo Gómez , Héctor Jerez and Alexandra Lister.</p> <p>CLARA - care and support for persons with HIV/AIDS</p> <p>Puerto Plata – site visit with CEPROSH (nocturnal) prevention educators</p>
January 26	<p>Puerto Plata - Hospital Francisco Limardo</p> <p>Santo Domingo:</p> <p>PROFAMILIA –Youth Project Intervention</p>
January 27	<p>Evaluation team report preparation meeting</p>
January 29	<p>Field visit and focal group to Santiago by one team member</p> <p>Licey Village – Rural Area, Santiago - MUDE</p> <p>Report preparation</p>
January 30	<p>Report preparation</p> <p>Meeting with USAID/DR</p> <p>Meetings with Eddy Perez-Then and Aldo Conde</p>
January 31	<p>Draft report completed and reviewed</p> <p>Meeting with Julia Hasbún</p>
February 1	<p>Presentation of draft report to USAID/DR</p>
February 2	<p>Presentation of draft report to DIGECITSS and AccionSIDA</p>

B. LIST OF CONTACTS

AcciónSIDA:	Tito Coleman, Project Director - Tanya Medrano
ADOPLAFAM:	Dr. Ramón Portes Carrasco, Executive Director
ALCONDE:	Lic. Aldo Conde
ASA:	Lic. Leonardo Sánchez, Executive Director
CASCO:	Lic. Bethania Betances, Project Director; Elizardo Puello
CENISMI:	Dr. Eddy Pérez, Sub-Director
CEPROSH:	Dr. Bayardo Gómez, Executive Director
COIN:	Lic. Santo Rosario, Executive Director
COPRESIDA:	Dr. Luis Emilio Montalvo Arzeno, Executive Director
DIGECITSS:	Dr. William Hernández Basilio, General Director
Fundación Génesis:	Dra. Martha Butler de Lister, Executive Director
IDCP:	Dr. Rafael Alcántara, Project Coordinator
INSALUD:	Lic. Guillermo de la Rosa, Executive Director
ISH:	Lic. Tony de Moya,
INSALUD/PREVISIA:	Lic. Jaime de la Rosa
ONUSIDA:	Dr. Ernesto Guerrero, Country Representative
PROCETS:	Dr. Luis B. Martínez, Director
PROFAMILIA:	Lic. Magaly Caram de Alvarez, Executive Director
PROSISA:	Dr. Antonio Sánchez, Director
PSI/FHI:	Lic María del Carmen Weisse, Manager
REDOVIH+:	Lic. César Castellanos, Executive Director
REDSALUD:	Dr. Patricio Murgeytio, Director
USAID/Washington:	Carol L. Dabbs, Chief, Population Health and Nutrition Team and John A. Novak, Monitoring and Evaluation Advisor
USAID-DR	María A. Castillo, David Losk and Marina Taveras
Evaluation Consultant	Lic. Julia Hasbún
MUDE (Licey village near Santiago)	Alta Gracela Urena
Hospital Provincial Ricardo Limardo	Dr. Benjamín Reyes, Subdirector
Hospital Provincial Ricardo Limardo	Dra. Sonia Ramírez, Epidemiologista
Hospital Provincial Ricardo Limardo	Dra. Ruth Lantigua

C. DOCUMENTS REVIEWED

USAID

- USAID Grant Agreement between the US and DR Governments. September, 1999
- Workplan for FY99 PROCETS - FHI/IMPACT and PSI/AIDSMARK, FY 1999
- USAID Contract with AED. June, 1997
- AcciónSIDA Overview
- AcciónSIDA Quarterly Narrative Report for Oct-Dec/1998
- AcciónSIDA Quarterly Narrative Report for January-March, 1999
- AcciónSIDA Workplan, October 1, 1999 - September 30, 2000
- AcciónSIDA Quarterly Report, January 1 - March 31, 2000
- AcciónSIDA Informes Trimestrales ONG's Julio/Sept., 2000
- USAID/AIDSCAP. Options in STD/HIV/AIDS Programming in the Dominican Republic, 1996.
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- SESPAS/PROCETS - PSI/FHI – Informe del Taller Seminario Desarrollo de un Modelo Dominicano de Prueba de VIH/SIDA Voluntarias con Consejería (PVC/VCT). Juan Dolio, 17 al 19 de noviembre, 1999
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UNAIDS/UNDP

- UNAIDS/DR - The Thematic Group and Technical Group: Plan de Acción Integrado ONUSIDA República Dominicana, 2000-2001
- UNAIDS/DR - Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, 2000 update
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NATIONAL

- Strategic Objective Two Pact, October 1999 - September, 2004
- Prevention Project: Technical Proposal. April 21, 1997
- CONASIDA: Plan Estratégico Nacional de ITS/VIH/SIDA, 2000-2003
- Marco Estratégico de USAID/Santo Domingo
- Limited Scope Grant Agreement between the US and DR Governments. September, 1998
- Amendment Number One to the Limited Scope Grant Agreement. June, 1999
- Décimo Foro Nacional de Salud – Compromiso con Acción: El Gobierno y la Sociedad Civil Contra el SIDA
- Program Progress, Analysis and Design of Market Research related to PROFAMILIA's contraceptive social marketing program; 1998 Report - Edward C. Green, Development Associates.
- The Socioeconomic Impact of HIV/AIDS in the Dominican Republic, 1991-2005 - Elizabeth Gómez, Martha Butler, Eddy Pérez; Lori Bollinger, Charlotte Calvin - The Futures Groups International, Policy Project
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- Plan Estratégico Nacional de ITS/SIDA 2000 – 2003 CONASIDA, Noviembre 1999.
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D. STATEMENT OF WORK

BACKGROUND:

USAID/DR revised its Strategic Objective 2 for the Health and Population sector in 1998, following Hurricane George. The 1999-2004 Strategic Objective was modified to become “Increased Use of Sustainable Basic Health Services and Practices.” The Intermediate Result No. 1 under the SO2 for HIV/AIDS/STI is “Increased access to HIV/AIDS/STI prevention and care services by at-risk and affected populations of the Dominican Republic.” Achieving the intermediate result should result in increased knowledge and use of practices that reduce the risk of HIV/AIDS/STI among the Dominican population.

Over the past years, USAID/DR has supported the coordination of a national program, the improvement of public and private service delivery and the establishment of sustainable interventions. USAID has also contributed to increased public and private support, innovative approaches to increasing public knowledge, behavior change interventions, and sexually transmitted disease treatment. Recent studies have indicated that these approaches have been effective in encouraging the adoption of safe sex practices by target population. In addition, at this stage of the epidemic, USAID will support community-based interventions in support of people infected and affected by HIV/AIDS as part of the prevention care continuum.

Assistance has been channeled through three components: (1) a Cooperative Agreement for a five year sub-grant program to Dominican non-governmental organizations (NGOs) and community groups, to strengthen their institutional capacity, serve as catalysts for NGO advocacy, and improve collaboration/coordination amongst NGOs and between NGOs and the government of the Dominican Republic (GODR); (2) direct assistance to the GODR (US\$1.5) to provide support to the Ministry of Health (SESPAS) and the National HIV/AIDS Directorate (DIGECITSS) to increase their institutional capacity in sentinel surveillance and case reporting, in STI Management, testing and counseling and other areas; and (3) funds allocated to the Global Bureau for Field Support to access specialized technical assistance and services in support of the activity.

The principal partners identified to achieved this result are AED/Plan Int., indigenous NGOs, SESPAS (DIGECITSS, Provincial Directorates), CONASIDA, UNAIDS and EEC. Other members of our extended team are PSI/AIDSMARK , FHI/IMPACT, JSI and Futures Group.

On June 30th, 1997 the USG signed a Strategic Objective Agreement with the GODR, through the Technical Secretariat of the Presidency to implement in the Dominican Republic the health portfolio. Among the activities included are: (a) a five-year STI/HIV/AIDS Prevention Project with the Academy for Educational Development (AED) for the total amount of US\$11,225,000.00; (b) a limited Scope Grant Agreement with PROCETS/DIGESITS for US\$585,000 and activities under the centrally funded projects IMPACT, AIDSMARK and POLICY.

AED has over the past two years granted NGOs sixteen sub-grants amounting to (US\$3,260 million). The purpose of these sub-grants is to contribute to STI/HIV/AIDS prevention efforts

with the most vulnerable groups (adolescents, youth and women) as well as to promote the dissemination of STI/HIV/AIDS information and services to ensure access of couples and individuals. Three of the sub-grants have been granted to INSALUD, COALICION SIDA and REDOVIIH+. These institutions worked on the policy arena on issues that dealt with sexual education in public schools, legal counseling and support for persons living with HIV. They have also worked on the dissemination of the AIDS Law to key players in the labor and tourism sectors and training for state court justices and the attorney general on the AIDS law.

The National Direction for the Control of Sexually Transmitted Infections and AIDS (DIGECITSS) developed a National Strategic Plan for HIV/AIDS Prevention for 2000-2003 with the participation of key representatives of the public and private sector. This Plan serves as the framework for public and private sector activities during the coming years. As a result of the National Strategic Plan, twenty-six Provincial and Municipal operating plans have been developed. The additional funds required to implement the activities outlined in the National Strategic Plan were not budgeted in the 2000 National Budget. The new President, Hipolito Mejia, has formed on August 22, 2000 a Presidential Commission on AIDS (Comisión Presidencial del SIDA - COOPRESIDA) which will study the actual situation on HIV/AIDS, look for possible solutions and make the necessary recommendations to the President to prevent the spread of HIV/AIDS. This commission is headed by Dr. Luis Emilio Montalvo. Other members are the president of the network of people living with HIV+, as well as the head of UNAIDS in the country.

OBJECTIVE OF EVALUATION

The **general** objective is to assess the progress achieved towards the expected IR1 results and provide recommendations to USAID to strengthen and/or modify the IR1 strategy.

The **specific** objectives are:

- 1) To determine whether assumptions are still valid. Revise them in case it is necessary.
- 2) To determine whether sub-activities funded under the HIV/AIDS Prevention Activity are supporting the achievement of the IR, **Increased access to HIV/AIDS/STI prevention and care services by at-risk and affected populations**, and further the Strategic Objective Two: **Increased use of Sustainable Basic Health Services and Practices**.
- 3) To analyze the progress achieved towards the obtainment of the expected results.
- 4) Identify success stories, problems and delays and their causes.
- 5) Recommend adjustments needed for the remaining years of AED's Cooperative Agreement to guarantee the achievement of the IR outcomes.
- 6) Recommend changes/modifications to the IR1 strategy.

STATEMENT OF WORK

The contractor shall conduct the evaluation and respond to all points included in the objective of this statement of work and submit a report, which provides clear and concise findings,

conclusions and recommendations. The evaluation report shall also provide a statement of lessons learned and future directions that may emerge from the exercise.

The key aspects of the Project to be addressed are listed below:

1. Approach:

The Intermediate Result Number 1 interventions focus on innovative approaches to increasing public knowledge, behavior change through adoption of safe sex practices, and treatment of sexually transmitted diseases. The principal approaches under the sub-grant activities have been to involve local non-governmental organizations, to focus resources on the most vulnerable groups (adolescents, youth and women), to promote dissemination of STI/HIV/AIDS information and services to ensure access of couples, and to address policy issues that deal with sexual education in public schools, legal counseling and support for persons living with HIV.

Questions that should be addressed are:

- Are the interventions effectively applying the above strategies?
- Does the approach need to be revised or reinforced?
- How effective has the project been at integrating its components into health care systems at various levels?
- Is the input level adequate or too high/low for the intended outputs? Has the absorptive capacity of implementers been reached?
- Is capacity building taking place? What further efforts need to be taken?
- Are the effects of the project being produced at an acceptable cost?
- Is the input level adequate or too high/low for the intended outputs?
- What proportion of the financial and technical resources were contributed by the government?

Primary Responsibility – Team Members

2. Behavior Change Communication:

The project has focused on behavior change efforts through targeted interventions to vulnerable groups, prevention strategies and counseling for HIV/AIDS/STI clients.

Questions that should be addressed are:

- Is there a clearly defined BCC strategy, or what is the implied strategy given the multiple interventions that have been carried-out under this component? What are the strengths/weaknesses and lessons learned? How can the strategy be strengthened in the immediate future and recommendations for the follow-on?
- What impact-type data is or might be available regarding the training received (under each component)? Health educators, peer educators, contact investigators, regional coordinators. How did participants utilize training received?

- How effective are interventions to reach targeted groups such as adolescents, youth and women (from the perspective of these group members). How might these interventions be strengthened?
- How successful have the sub-grantees been in helping empower women and increasing adolescent and youth involvement? What are the lessons learned and barriers/constraints encountered?
- To what degree have the project and NGOs achieved expected results in the activities for advocacy and in the recruitment of media support for those activities?
- What has been the extent of the financial support from the government for these activities?

Primary Responsibility – Behavior Change Communication Specialist

3. STD Prevention and Treatment Services

Questions that should be addressed are:

- What are the prescriptive practices of physicians and/or other health care providers (private and public sectors) who have attended training in syndromic management of STIs?
- Which activities are having the greatest impact in terms of Risk Perception and health-seeking behavior? Which activities are having the greatest impact in providing services and support for the infected/affected populations? Which are having lesser impact? Which activities respond to national priorities as identified by the National Strategic Plan?
- What outreach program activities are being conducted by the STI component?
- How reliable are the data reporting mechanisms at the STD clinics? What have been the barriers to capturing the data from the clinics? How might they be resolved?

Primary Responsibility – STI/STD Program Specialist

4. Implementation

Issues to consider include:

- Is implementation on track and achieving satisfactory progress towards its stated objectives?
- How effective have the partners been in implementing the project (SESPAS, DIGECITSS and AED)? How complementary are their activities?
- Are SESPAS/DIGECITSS and subgrantees reaching target populations, including access to services? If not, what are the barriers? How can they be overcome?
- To what degree has AED achieved coordination with DIGECITSS in policy and services? How effective has the coordination been?
- How effective is the relationship between AED and partner NGOs? To what extent has the monitoring system been adequate for assessing subgrantees internal weaknesses, performance and measuring impact?

- To what extent has AED technical assistance been adequate, including training, financial and administrative systems, sustainability, service delivery, and quality of services and Management Information Systems? Does the monitoring of the administrative and/or financial aspect need strengthening?
- Has the collaboration between AED and PLAN been successful? If not, what have been the resulting problems in technical assistance. How can they be remedied?
- Has the staff composition, duties and level of effort in AED been sufficient and adequate to comply with the agreement requirements?

Primary Responsibility – Program Management & Evaluation Specialist

5. Attribution:

- Is the host country (which includes central/state governments, public sector and private sector) and/or other donors providing support in any of the AED activity areas?
- If yes, what is the nature of their intervention and what is the amount of the resources involved?
- Does the project significantly influence the direction of the host country and/or other donor resources; i.e. did the USAID activities help to leverage funds? If yes, how did the project accomplish this?
- Are interventions under the project leading to replication of similar activities by the host country and/or other donors, i.e. did it have a demonstration effect?
- Based on these do the indicators accurately reflect the manageable interest of the project?

Primary Responsibility – Team Members

6. Future Direction:

Based on the progress to date the Team is requested make recommendations regarding the initiation of new activities in the project

- What other areas could be addressed by the current sub-activities to achieve the IR1 outcomes? What needs that are not addressed should be addressed under a new activity?

Primary Responsibility – Team Members

METHODOLOGY

In order to examine the above issues, the following methodology should be considered:

1. Review of documents such as project paper, project agreement, project amendments, project implementation letters, tripartite agreement, Result Review and Resources Request (R4) etc.;
2. Meetings and discussions with concerned officers at USAID, AED, other donors;
3. Review of monitoring and evaluation reports;
4. Site visits to project-funded areas by APAC and other agencies;
5. Interaction with target groups;
6. Other information such as case studies, observational and anecdotal data may also be used as appropriate.

It is recommended that the team considers conducting interviews with key government, donor agencies and NGO representatives. Field visits are also recommended, depending on the familiarity of the team with grantee activities. These should preferably occur during the first ten days of the assignment. These visits will enable the team to have contact with the service providers and the beneficiaries of the assistance.

REPORTS

The contractor will submit an evaluation report, preferably under 20 pages, in accordance with the requirements specified below. Three days prior to departure, the consultants will submit a draft report to USAID/DR for review and discussion. They will also debrief AED, SESPAS and DIGECITSS on the conclusions and recommendations. The tem coordinator will ensure that all reasonable comments on the draft report are incorporated into the final draft report. The final report will be due 30 days after leaving the Dominican Republic.

The format for evaluation report is as follows:

- **Executive Summary** – concisely state the most salient findings and recommendations (2pp);
- **Introduction** – purpose, audience, and synopsis of task (1pp);
- **Background** - brief overview of HIV/AIDS/STI in Dominican Republic (1pp);
- **USAID's Assistance Approach** – describe the USAID program strategy and activities implemented in response to the problem (1pp);
- **Findings/Conclusions/Recommendations** – for each SOW area (6 pp);
- **Lessons Learned** (1pp)
- **Issues** – provide a list of key technical and/or administrative, if any (1pp);
- **Future Directions** (2-3pp)
- **Annexes** – useful for covering evaluation methods, schedules, interview lists, and tables – should be succinct, pertinent and readable (not to exceed 10 pp)

DELIVERABLES

Prior to departing the country the team will present a draft report in English. The team will also be asked to present the highlights of the reports to Mission, SESPAS/DIGECITSS and AED staff, the final week of the consultancy. The final report in original, with three (3) copies and

one copy on diskette, should be forwarded to USAID/DR within three weeks. The report will contain a brief executive summary section in both English and Spanish. The table of contents of the report will be mutually agreed upon by the team and USAID.

RELATIONSHIPS AND RESPONSIBILITIES

The principal contact for this assignment will be Maria Castillo, Project Manager in the Health and Population Team (SO2). Logistic support for field visits will be coordinated with AED AccionSIDA NGOs. Other key contacts within USAID include: David Losk (Team Leader); Sarah Majerowicz (Health Reform); Kelve Perez (Nutrition and Community Development); Marina Taveras (Program Development Office/SO2); Elisane Alemar (Controllers Office/SO2); Norma Paredes (Project Assistant SO2); Rosanna Medina (Secretary SO2).

The principal contacts for SESPAS/DIGECITSS and the Academy for Educational Development (AED) are Dr. William Hernández, National Director and Eric Coleman, Director. Other key contacts are: Dr. Ernesto Guerrero, UNAIDS, Antonio Sanchez, Director, PROCISA, and Dr. Jaime de la Rosa, EEC Previsa project.

PERFORMANCE PERIOD

The expected period of performance will be from January 16, 2000 through February 8, 2001.

DOCUMENTS

The documents listed below will be provided to the team prior to their travel to the Dominican Republic. Other documents will be provided upon arrival:

- Limited Scope Grant Agreement with SESPAS/DIGECITSS
- Project paper
- AED Proposal
- Documents related to the Cooperative Agreement with AED
- PSI AIDSMARK Documents and correspondence
- FHI IMPACT documents and correspondence
- 1999-2003 National Strategic Plan for the Prevention of HIV/AIDS/STI
- Strategic Objective Two Pact
- 1999 Revised SO2 Strategy
- 1999 and 2000 Results Review and Resource Request (R4) Report

General Information

1. Demographic and Health Surveys 1991, 1996 and 1999.
2. Estudio de Condones (OMSA/PROFAMILIA)
3. Provincial Operational Plans (Key provinces)
4. Sectorial Plans (Bateyes, Armed Forces)

USAID Documents

1. Strategic Objective Two Pact
2. 1999 Revised SO2 Strategy
3. 1999 and 2000 Results Review and Resource Request (R4) Report

Project Documents

1. Project Paper
2. AED Proposal
3. Cooperative Agreement (517-A-00-97-07103-00)
4. Base line studies conducted by AED for Target Population